

PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, MAY 17, 1884.

THE AMERICAN MEDICAL ASSOCIATION.

THE Thirty-Fifth Annual Meeting of the National Association convened in Washington on the first Tuesday in May, and remained in session four days (May 6, 7, 8, and 9). It was one of the largest and most important meetings of the Association which has ever been held, twelve hundred and seventy names of delegates and permanent members having been registered.

The general sessions were held at the Congregational Church, on G Street, corner of Tenth, which was kindly offered for the occasion. The usual difficulty attending the clumsy and inefficient method of registration was experienced, delegates having to stand in line for hours waiting for their turn to register their names. The adoption of a simplified system by which the member desiring to register his name could enclose his credentials and blank properly filled out in an envelope, either at the meeting or previous to it, and have the card of membership, invitations, etc., similarly enclosed and returned to him by the Treasurer, Secretary, or Chairman of Committee of Arrangements, would answer all purposes and save much valuable time.

The usual disorder was observed whenever any question was put to vote, owing to the presence of persons who were not entitled to vote obstructing the proceedings. This was also exemplified in the Sections, where persons took part in the discussions some of whom were not even members of the Association. This has been noticed at previous meetings, and will probably continue at future sessions until the Sections are organized on a better basis. There were an unusually large number of papers offered for discussion, and the addresses of the President and the chairmen of the various Sections call for special commendation.

GENERAL SESSIONS.

First Day, Tuesday, May 6.—The Association was called to order at 10.45 o'clock, by Dr. Garnett, chairman of Committee of Arrangements. Prayer was offered by Rev. W. A. Leonard.

ADDRESS OF WELCOME.

Dr. A. Y. P. Garnett, chairman of the Committee of Arrangements, in welcoming the members of the Association, spoke of Washington as a place of eminent and renowned gatherings, where the supreme interests of the whole country are studied and discussed by its

largest intellects, with a view to the discovery and enforcement of those political and constitutional laws which shall best establish and maintain the well-being of the republic. It was, he thought, a fit place for the meetings of this body, for no laws devised by human wisdom could be more important to humanity than those laws of life upon which rests the "*salus populi*." He referred also to the peculiar advantages possessed by this body, which is not affected by sectional interests or by party ambitions. Having no constituencies to whom they were responsible, its members moved in a higher plane, and were answerable alone to the dictum of scientific truth. The truths they discovered could not be patented for individual use or converted into practical profit by huge monopolies. He alluded eloquently to the mission, the duties and responsibilities of the physician, and to his exceptional experience. What, he asked, in comparison to such experience, was the knowledge of human nature acquired in the confidential council-chamber of the lawyer, or learned in the secrecy of the confessional, even when remorse wrings truth from the penitent? Their daily experience forced them to recognize with humility that beyond all their knowledge there were experiences they could not understand, laws they could not explain or regulate, and powers and influences they could not control; and should they not, he asked, be taught by the mental, moral, and physical relations which these experiences brought before them, an abiding faith in the wisdom of that Being who has made the ministry of pain and death a part of His divine administration of nature and in nature's order of animate life? He referred to the value and importance of these periodical gatherings, and the useful results which have thus far followed the successful administration of the national organization.

Dr. Garnett, in conclusion, gave an account of the arrangements made with the various railroads, and announced the several receptions and other invitations tendered to the Association.

The Secretary called the roll, five hundred and ninety names having been registered.

A question having arisen as to the status of members by invitation, the President decided that such members could only be admitted from localities where no medical society existed, otherwise represented in this Association. The members of the District of Columbia Medical Society were invited to take seats "on the floor." A number of other gentlemen were also invited to occupy a similar elevated position.

Letters were announced as received by the Secretary from A. Pearce Gould, F.R.C.S., of London, and John L. Atlee, ex-President of the Association, which were ordered to be entered upon the minutes.

THE PRESIDENT'S ADDRESS.

Prof. Austin Flint, the President, was introduced by Dr. Garnett. He began his address with a retrospective glance at the early history of the Association, briefly as follows:

The objects of the Association are clearly and tersely set forth in the preamble to the plan of organization adopted at the formation of the Association:

"Whereas, The medical convention held in the city of New York in May, 1846, have declared it expedient for the medical profession of the United States to institute a National Medical Association, and inasmuch as an institution so conducted as to give frequent united and emphatic expression to the views and aims of the medical profession in this country must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor, and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities, and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it; therefore, be it resolved, in behalf of the medical profession of the United States, that the members of the Medical Convention held in Philadelphia in May, 1847, and all others who, in pursuit of the objects above mentioned, are to unite with, or succeed them, constitute a National Medical Association."

The orator then proceeded to show how far these aims had been kept in view, and the progress which had been made in carrying them out. Cultivating and advancing medical knowledge has been diligently kept before the Association as its primary object. Elevating the standard of medical education had not been neglected, many abuses had been corrected, but preliminary education was declared to be the great need of the medical student at the present time. He suggested a remedy in answer to the question, "What can our Association do to promote more and more the elevation of the standard of medical education?" It is to be borne in mind that, exclusive of the motives for personal improvement, which appeal to its members individually, the profession must rely upon itself for whatever is to be done. The American Medical Association represents the profession of the whole country. Hitherto the Association has been content with reports, addresses, and communications pointing out existing defects in medical education, and recommending changes and improvements, the immediate adoption of some of which was impracticable. Too often a predominant spirit of animadversion has been apparent.

Let a course be pursued which is more active and practical with reference to measures for progress. Let certain measures be proposed for immediate adoption which are within the limits of practicability. Let these measures receive the sanction and support of local Associations in the different States of the Union. Let the National Association take the initial steps, and solicit conferences with, and the co-operation of, State Associations and the leading medical colleges throughout the country, with a view to agreement respecting the proposed definite measures. Let these steps be taken in a kindly spirit, with an earnest desire to harmonize different views and interests, in order that there may be united action as regards improvements agreed upon. In this way, as we may hope, uniformity in the different States will be secured in behalf of the second of the objects for which our Association was instituted. There can be but little difference of opinion as to the improvements in medical education which it is desirable should be effected; the opposing difficulties are chiefly those which interfere with uniformity throughout the United States. I venture to suggest the appointment of a standing committee on medical education with a view especially, by means of communications with State associations and colleges, to secure uniform action with reference to requirements for matriculation and for graduation. My purpose in the suggestion of such a committee is not to obtain reiterated resolutions setting forth what ought to be done, but reports at the next meeting, and at subsequent meetings of the Association, of what has been actually accomplished. It is not to be expected that all desirable improvements will be at once effected. Considering the greater relative importance of preliminary requisites for the study of medicine, were these made the first objective point in the action of the committee with a satisfactory result, a very important advance would be made, and this would be likely to prove an earnest of success in effecting other improvements.

The third object of the Association, "for promoting the honor, usefulness, and interests of the medical profession," he discussed with special reference to medical ethics, and considered some of the objections which have been offered against the Code of Ethics, and offered a recommendation "that the Association adopt resolutions embodying a more precise specification than the Code furnishes of the grounds for refusing fellowship with irregular practitioners."

In conclusion it was suggested, as a means of facilitating friendly intercourse between members of the medical profession, that a committee should be authorized to invite the International Medical Congress of 1887 to meet in the United States.

He said, "My suggestion in regard to the International Medical Congress is not made

solely on my own responsibility, but at the instance of several well known for their active interests in the welfare of the American medical profession. By one of the most eminent of these, quite recently, I was requested to make the suggestion, in a letter written with a hand tremulous from serious illness which has deprived the Association of his presence at this meeting; one whose absence is a disappointment to many who were desirous to behold once more the genial, benignant countenance which has greeted us heretofore at our annual meetings; one whose writings have made American surgery illustrious; who is revered by the many thousands of practitioners who, during the last half-century, have listened to his instructions, and who is honored not only in our own country, but in other countries, as no member of the medical profession in America was ever honored before; one admired by all who have known him, and beloved by those who have enjoyed the privilege of his friendship. I know that I speak the heart-felt sentiments of every one who hears me, and of our brethren throughout the whole country, when I express a fervent wish that Prof. Samuel D. Gross might be restored to health, and his life spared yet many years to his family, his friends, and his profession, which he adorns."

The advantages of Washington City as the place of meeting were then briefly mentioned, and the medical officers connected with the office of the Surgeon-General of the United States were signalized as worthy of all praise and honor, to whom the profession and the country are indebted for having made the Army Medical Museum and National Medical Library institutions of which we may be justly proud.

RESOLUTIONS OF SYMPATHY WITH PROF. GROSS.

Dr. J. M. Toner offered the following:

"Whereas, It has come to the knowledge of this Association that one of its former Presidents and a surgeon of world-wide reputation is confined to his room by illness, therefore be it

"Resolved, That the American Medical Association expresses to Dr. S. D. Gross its heart-felt sympathy in his illness, and the sincere wish for his speedy recovery and preservation for many years, to the enlargement of the world-wide reputation and justly-merited honors to which he has attained."

These were adopted by a rising vote.

Dr. T. G. Richardson, of Louisiana, stated that he had just left the bedside of the very ill and honored ex-President of the Association, and that when he asked him for any message that he might desire to send, Dr. Gross said, feebly, "Give them my love."

On motion, the above resolution was telegraphed to Dr. Gross, together with an extract from the President's address, and the loving sympathy of the Association.

Dr. L. A. Sayre, of New York, made a motion that a committee be appointed to invite the International Medical Congress, which is to meet in Copenhagen, to select the place of its following meeting in this country.

Dr. Alonzo Garcelon, of Maine, moved that the address be referred to a committee of five, to take action upon the various important questions concerned in it, and report to the Association as soon as possible. This was amended so as to read "a committee of seven," and adopted.

Second Day, Wednesday, May 7.—The Association was called to order, the President in the chair, at 10 o'clock. Prayer was offered by Rev. W. A. Bartlett, D.D.

The President announced in a few words the deep loss of the Association in the death of Prof. Gross, and appointed the following a committee to draft suitable resolutions: Drs. T. G. Richardson, of Louisiana; Lewis A. Sayre, of New York; J. H. Packard, of Pennsylvania; F. H. Hamilton, of New York; Moses Gunn, of Chicago; W. T. Briggs, of Tennessee; and I. Minis Hays, of Pennsylvania.

On motion by Dr. Jenks, of Texas, the President was added to the committee, and, on motion by Dr. Richardson, Dr. Flint was made chairman of the committee.

The Secretary read the following telegram, received from Dr. Samuel W. Gross, addressed to the Association: "Your resolutions and extract from the President's address were received too late. Accept the warm thanks of the family with great tenderness and consideration."

The communication was, on motion, ordered entered upon the minutes.

The Secretary announced the following

COMMITTEE ON NOMINATIONS:

Jerome Cochrane, Alabama; P. O. Hooper, Arkansas; G. L. Porter, Connecticut; F. W. Hatch, Sr., California; Jesse Hawes, Colorado; Hector Galloway, Dakota; William Marshall, Delaware; J. W. H. Lovejoy, District of Columbia; R. B. Burroughs, Florida; W. F. Holt, Georgia; E. P. Cook, Illinois; Thomas B. Harvey, Indiana; H. C. Huntsman, Iowa; F. F. Dickman, Kansas; W. H. Wathen, Kentucky; T. G. Richardson, Louisiana; F. C. Thayer, Maine; J. F. Lynch, Maryland; Charles A. Savory, Massachusetts; H. F. Lester, Michigan; D. Leasure, Minnesota; B. A. Duncan, Mississippi; N. F. Essig, Missouri; S. D. Mercer, Nebraska; Joseph Parrish, New Jersey; C. G. O'Hagan, North Carolina; J. W. S. Gouley, New York; J. W. Parsons, New Hampshire; W. M. Beach, Ohio; J. B. Murdock, Pennsylvania; James H. Eldridge, Rhode Island; William H. Huger, South Carolina; Duncan Eve, Tennessee; J. H. Pope, Texas; Alexander Harris, Virginia; George Beard, West Virginia; William

Fox, Wisconsin; H. D. Holton, Vermont; N. L. Bates, U. S. Navy; J. R. Smith, U. S. Army; Walter Wyman, U. S. Marine Hospital Service.

The President announced the following committees:

COMMITTEE ON THE PRESIDENT'S ADDRESS.

N. S. Davis, Illinois; W. W. Dawson, Ohio; W. T. Briggs, Tennessee; T. F. Prewitt, Missouri; J. L. Cabell, Virginia; H. B. Ransom, Iowa, and D. W. Stormount, Kansas.

COMMITTEE ON INTERNATIONAL MEDICAL CONGRESS.

J. S. Billings, District of Columbia; L. A. Sayre, New York; I. Minis Hays, Pennsylvania; A. W. Foster, Massachusetts, and H. F. Campbell, Georgia.

MEDICAL SERVICE ON PASSENGER-VESSELS.

Dr. A. N. Bell, of New York, chairman of the committee appointed last year, reported progress, and read the bill now before Congress. The report showed that the rate of mortality for four years ending 1883 was much greater than for four years ending 1873, and the causes were included in two words, "negligence" and "filth."

Dr. Foster Pratt, of Michigan, moved that the report be accepted, and the committee continued, to report at the next meeting of the Association.

Dr. P. D. Keyser, of Philadelphia, and Dr. J. A. Irwin, of New York, pointed out some of the defects of the bill, especially those which make it inoperative by the fact that the medical officers are not required to report to an independent body. Further remarks were made by Dr. Gihon, U.S.N., and Dr. Jones, in favor of the report.

The motion was adopted.

Dr. Pratt then offered the following, which was adopted:

"Resolved, That the American Medical Association urge upon Congress, through their respective Committees on Commerce, the necessity of suitable and efficient legislation to promote the well-being of immigrants to this country, and to protect the public health."

ADDRESS ON PRACTICE OF MEDICINE.

The Association then listened to the address of Dr. John V. Shoemaker, of Philadelphia, chairman of the Section on Practice.

The first topic to which the lecturer directed attention was the all-absorbing question of the relation of nerve-organisms to disease. He reviewed the history of the bacillus tuberculosis, gave the present status of the question, and referred to the divided state of the professional mind on the question of the contagiousness of phthisis.

The knowledge of nervous diseases he declared was steadily advancing; the localization of cerebral functions has aided somewhat in surgery and in diagnosis. Locomotor ataxia

now presents in its chronic stage three diagnostic points,—that of Duchenne, or posterior sclerosis proper; secondly, diffuse sclerosis of cord and medulla oblongata; and a third, made up of ataxia of the periphery.

In treatment of typhoid fever he recommended cold baths. Alluding to renal diseases, he said that albuminuria has long been the subject of scientific inquiry, being considered more and more of nerve-origin. Its close relation to diabetes, with mutual interchange in certain affections, has brought forward the proposition that both albuminuria and glycosuria may be produced by irritation of certain parts of the floor of the fourth ventricle. The hypertrophy of the muscular coat of the arterioles, and the increased tension of the vascular system, are also claimed to be due to irritation of the vaso-motor centres of the medulla. The latter especially has proved valuable in modifying the treatment of albuminuria. That the toxic influence of certain substances, as well as severe febrile affections, is productive of albuminuria, is well known, and a recent instance has been cited where it occurred after varicella. Peptonuria has been investigated and found to coexist with suppuration from various causes, or with large exudations. Speaking of the disease known as actinomycosis, and as being peculiar to horses and cattle, he stated that it had been exhibited by Treves in a man whom he brought before the London Pathological Society. All stages of the disease, from minute solid growths to large suppurating and sloughing masses, were present.

He thought it necessary, in consequence of the grave accusation cast against American pork by some of the European authorities, that he should say a few words upon the subject. He said that trichinosis is with us a very rare disease indeed in comparison to its frequent occurrence in Continental Europe. In spite of the prohibitive edict against our pork in Germany, quite an endemic of trichinosis has prevailed there of late. As there have been isolated cases reported with us, he would refrain from any attempt at defence, but would simply remark that the mortality from trichinosis in this country, in comparison with Germany, would lead us most certainly to discriminate in favor of our product over the foreign, even if we do not attribute our comparative immunity to the more civilized manner in which we partake of it than the semi-barbarous fashion of eating it uncooked. French physicians, in the Academy of Medicine of Paris, have already given their opinion that American pork is not as dangerous as the trichinophobists would have us believe, and recommend that the prohibition upon its importation be removed.

After discoursing of other interesting matters, particularly on the subject of cholera and yellow fever, he turned his attention to the subject of therapeutics, and remarked

that while in past years they were ignored to a great extent by many physicians and scientists, they have undoubtedly now assumed new features entitling them to a prominent position. Entering into details, he gave a list of some of the permanent remedies which have found approval during the past year, such as kairine among the antipyretics; paraldehyde, a substance isomeric with aldehyde; the *Abrus precatorius*, the jequirity bean of Brazil; the salts of nickel, and especially its bromide; the bismuth salicylate; nitro-glycerin; and the chloride of gold and sodium, etc.; in connection with them mentioning the diseases to which they were applicable. Treating of antiseptic inhalations, he claimed that the vast research in the field for micro-organisms as causative elements of disease, and the discoveries made therein, have given a new impetus to antiseptic treatment in every branch and affection. Antiseptic inhalations for pulmonary disease have proved of value, whether the germ theory be sustained or not.

In concluding his address, he directed the attention of those entering the profession to the necessity of thoroughly mastering the details of all its different branches—above all, that of general medicine—before entering into any specialty, and spoke of the desire on the part of a few to form exclusive organizations, which, he argued, were highly detrimental, and denounced them severely, saying that medicine, "to be beneficial to humanity, must be open to one and all, and if its practitioners are to be excluded from medical societies and their meetings, not from a lack of knowledge and good standing, such societies have outlived their usefulness. Special studies may be made by physicians in certain directions, but the advantages of their research and study must be verified by their practical demonstration through the general practitioner. Without a thorough knowledge, specialism avails little. This powerful organization should represent every branch and specialty of medicine, and its knowledge should be open to all its members. We are all entitled to the benefits derived from associated investigations. Outside organizations on special subjects will detract from the interest and advantages of our meetings, and the younger members, neglecting the general subject of medicine, dazzled by the apparent brilliancy of a select few, will wander forth, to ultimately destroy their own usefulness. The American Medical Association is the representative body of the medical profession of this country, and has been organized and conducted by gentlemen who have grown gray in its service, and whose brows are adorned with chaplets most worthily won, not only at home but abroad. It is for them, and for you, my fellow-members, to control the means of disseminating our science, and not for a few who, at best, only form but a spoke in the wheel of the triumphant chariot

of our science. Our young men should learn from you that knowledge must come to them by the co-operation of their professional brethren from all parts of our country rather than from a few who, in their exclusiveness, set themselves above the active members of the greatest and most humanitarian of all professions."

The address was referred to the Section for discussion.

Drs. Bottsford and Steens, delegates from the Canada Medical Association, were introduced, and made honorary members, the President welcoming them on behalf of the Association.

ADDRESS ON GYNÆCOLOGY.

Dr. T. A. Reamy, of Cincinnati, Ohio, next delivered the address as chairman of the Section on Obstetrics and Diseases of Women.

He took for his theme the notes of two hundred and thirty-one cases of the operation for laceration of the cervix uteri without a single death.

In six of the cases, peri- or para-metritis with general peritonitis occurred. In three of these the symptoms were sufficiently severe to cause material delay in complete recovery. In one of the cases among the three, para- and peri-metritis and general peritonitis were so severe that the patient was confined to her bed for three months, but ultimately made a good recovery. In one hundred and seventy cases the laceration was bilateral; in thirty-eight cases unilateral. Of the latter, twenty-three were on the left side and fifteen on the right side. In sixteen cases the laceration was stellate; in five cases, of the posterior lip only; in two, of the anterior lip only. In eighty cases the laceration was extensive. In fifteen of these it extended to the cervico-vaginal junction on both sides; and in twenty-two of the cases of bilateral laceration the injury extended to the cervical junction on one side only. In one hundred and sixty-seven cases there was perineal laceration sufficient to leave deformity. In fifteen cases the anal sphincter was damaged; and in seven cases the recto-vaginal septum was opened up. In fifty cases he also operated on the perineum after recovery from the cervical operation.

He did not hesitate to curette the uterus at the time of operating on the cervix, or to resort to it, if necessary, immediately with perineorrhaphy. He caused a stream of hot water to flow over the parts continuously during the progress of the operation, and never used sponges. He had not employed ligature or tourniquet for controlling hemorrhage, but allowed free bleeding from the denuded surfaces, because it softened and thus promoted absorption of the hardened tissues, and facilitated puncture with the needle carrying the sutures. To promote this absorption he regarded as an important factor in starting the process of involution. Hot water had taken the place of other hemo-

statics, but he sometimes had to withhold it, in order to obtain sufficient bleeding to soften the parts before the ligatures were introduced.

The usefulness of trachelorrhaphy could scarcely be overestimated. If the operation be properly done, it favored fertility, and often cured sterility. He objected to catgut ligatures for sutures.

In performing the operation he uses a single volsella to draw the uterus down gently (for fear of inflammatory complications), then outlines the denudation with a sharp knife, and removes the tissue with scissors. He uses curved needles, with Chinese silk, and washes out the cervical canal at the close of the operation with a recurrent-flow syringe, and then allows the patient to rest until the sixth day before the vagina is washed out again. Cleanliness was the only antiseptic employed.

The paper was referred to the Section on Obstetrics, etc., for discussion.

A series of resolutions from the Section on Ophthalmology, with reference to the death of Prof. Gross, was ordered to be entered upon the minutes.

Dr. Henry H. Smith offered a resolution establishing a permanent committee of seven, to be known as the Committee on Experimental Medicine of the American Medical Association, charged with the duty of opposing by all legitimate means any proposed legal interferences with the progress of medical science by experimentation upon animals, as unwise and ill-considered legislation.

The President appointed Drs. Horatio C. Wood, William Pepper, and James Tyson, of Philadelphia; Christopher Johnson, of Maryland; John C. Dalton and Austin Flint, Jr., of New York; and J. S. Billings, U.S.A.

Dr. Atwood offered a resolution with regard to the abuses of medical college advertising, which was referred to the Judicial Council.

Dr. Benjamin, of Camden, New Jersey, offered a resolution urging upon medical colleges the importance of a preliminary examination and a three years' graded course prior to graduation.

After an excited discussion, the resolution was adopted.

Third Day, Thursday, May 8.—The President called the Association to order at 10.30 A.M. Prayer was offered by the Rev. Dr. Paret.

On motion of Dr. Keller, of Arkansas, the Secretary was authorized to correct his records so that the resolution adopted last year leaving the date of meeting to be selected by the Nominating Committee should appear on the minutes.

Drs. E. T. Ferguson, New York; W. T. Briggs, Tennessee; J. E. Reeves, West Virginia; T. F. Prewitt, St. Louis; George Peck, U.S.N.; Thomas Russell, Missouri, and D. W. Stormount, Kansas, were appointed by the President a committee to select additional

members of the board of trustees for the *Journal*.

Dr. George M. Sternberg, U.S.A., offered a resolution that, whereas the knowledge necessary for the prevention of infectious and pestilential diseases has not yet been obtained, *Resolved*, that a committee of five be appointed to petition Congress to make suitable appropriations for the prosecution of scientific researches relating to the cause and prevention of infectious diseases of the human race, under the direction of the National Board of Health. The resolution was adopted, and the following committee was appointed: Drs. George M. Sternberg, U.S.A.; I. M. Hays, Philadelphia; A. L. Gihon, U.S.N.; James E. Reeves, West Virginia; John C. Dalton, New York.

A resolution was presented by Dr. Keller, of Arkansas, to the effect that in a few years the cremation of the dead would be regarded as a sanitary necessity, that the decision of the courts had pronounced this method legal, and that from hygienic, religious, and sentimental stand-points this method of disposing of the remains of the dead was the best. Dr. Keller said that the remains of the late Dr. Gross were now on their way to be cremated, and asked for the adoption of his resolution. The chair ruled that the resolution was out of order, because it introduced new business.

The committee appointed to consider a resolution inviting the International Medical Congress to meet in this country in 1887 reported, through their chairman, Dr. Billings, a recommendation that a committee of seven (including the President, Dr. Flint) be appointed to invite the Congress to meet in Washington, and, if the invitation be accepted, that this committee act as the executive committee of arrangements, with power to add to their number, and be authorized to draw from the funds of the Association an amount not exceeding five hundred dollars for preliminary expenses. Adopted.

REPORT OF TRUSTEES.

Dr. Toner, from the board of trustees for journalizing the proceedings of the Association relative to the official *Journal*, submitted a report, and said that the weekly issue now published was 3800, and that the receipts this year, after paying all expenses, showed a surplus of five hundred dollars. The total income had been \$18,547.50. The editor had offered to resign, but had consented to serve one year longer.

Dr. N. S. Davis, editor of the *Journal*, stated that the paper was on a sound business and financial basis.

Before action was taken upon the report, Dr. Packard read his minority report, in which he criticised the literary and scientific character of the *Journal* and recommended that the resignation of the editor should be accepted, and that its publication-office be removed to some Eastern city. A motion to

lay the minority report upon the table was carried, and the majority report was adopted.

OFFICERS FOR 1885.

Dr. Hooper, of Arkansas, chairman of the committee on nominations of officers of the Association for the ensuing year, submitted the names of the following, who were declared elected: President, Henry F. Campbell, Georgia; First Vice-President, John S. Lynch, Maryland; Second Vice-President, S. D. Mercer, Nebraska; Third Vice-President, J. W. Parsons, New Hampshire; Fourth Vice-President, H. C. Ghent, Texas; Secretary, W. B. Atkinson, Pennsylvania; Assistant Secretary, W. H. Watkins, Louisiana; Treasurer, R. J. Dunglison, Pennsylvania; Librarian, D. C. H. Kleinschmidt, District of Columbia.

Judicial Council to fill vacancies—J. K. Bartlett, Wisconsin; John Murphy, Minnesota; J. M. Toner, District of Columbia; W. Brodie, Michigan; H. D. Holton, Vermont; A. B. Sloan, Missouri; D. A. Ulrich, Pennsylvania; W. M. Beach, Ohio.

The new officers of the Sections are as follows: Practice of Medicine, H. Didama, New York, Chairman; G. M. Garland, Massachusetts, Secretary. Obstetrics and Diseases of Women, R. S. Sutton, Pennsylvania, Chairman; J. T. Jelks, Arkansas, Secretary. Surgery and Anatomy, Duncan Eve, Tennessee, Chairman; C. B. King, Pennsylvania, Secretary. Ophthalmology, Otology, and Laryngology, J. A. White, Virginia, Chairman; Eugene Smith, Michigan, Secretary. Diseases of Children, J. H. Pope, Texas, Chairman; S. S. Adams, District of Columbia, Secretary. State Medicine, E. W. Shaufler, Maryland, Chairman; J. M. McCormick, Kentucky, Secretary. Oral and Dental Surgery, A. W. Harlan, Illinois, Chairman; J. E. Mears, Pennsylvania, Secretary.

Place of meeting, New Orleans, on the last Tuesday in April, 1885.

Additional Trustees of *Journal*, H. F. Campbell, Georgia; J. H. Packard, Pennsylvania; L. Conner, Michigan. Necrology, J. M. Toner, District of Columbia, Chairman.

Dr. N. S. Davis, chairman of the Committee on Meteorological Conditions and their Relations to the Prevalence of Diseases, read a report upon that subject; also upon collating the investigations of diseases in co-operation with the committee of the British Medical Association. The latter subject was, upon motion, referred to a special committee.

A report of the Judicial Council was submitted, in which Dr. S. S. Goode's application for admission as a delegate from the Somerset, Pa., Medical Society was refused, as this Society is not recognized by the Pennsylvania State Medical Society. The Council declined to reopen the case of Dr. D. W. Day. In the case of Dr. H. G. Sherman, of Cuyahoga County, Ohio, the protest had been withdrawn.

ADDRESS ON SURGERY.

Dr. C. T. Parkes, chairman of the Section on Surgery, read his address by title: "Effects and Results of Operation for Relief of Gun-shot Wounds of the Small Intestines."

The address of Dr. J. Deering Roberts, the chairman on State Medicine, was deferred until the next day.

Fourth Day, Friday, May 9.—The Association was called to order at 9.30 by the President.

Dr. Dalton, of New York, reported, from the committee appointed for the purpose on the second day of the meeting, the following:

"*Resolved*, That the Committee on Experimental Medicine be empowered and instructed to add to its numbers and efficiency by the election of associate members from different States, and that it report to this Association at its annual meeting any matters relating to the subject of experimental medicine which may need the consideration or action of the Association.

"*Resolved*, That, in view of the attempts which have been or may be made to obstruct by restrictive legislation the progress of experimental medicine, this Association desires to express its earnest conviction that experimentation on animals is a most useful source of knowledge in medical science; that it is the means by which many valuable discoveries, both practical and scientific, have been accomplished; that its direction and supervision can be properly intrusted only to members of the medical profession; and that its restriction or prohibition by law would inevitably retard the advancement of medical science and the improvement of the medical art."

Unanimously adopted.

The committee appointed to prepare suitable resolutions upon the death of Prof. Gross, ex-President of the Association, reported progress, and asked to be allowed to publish their report, when complete, in the *Journal* of the Association.

Dr. Davis, from the special committee on the recommendations contained in the President's address, reported that no action is necessary upon the ethical portion of the address, and offered a resolution that a committee of five be appointed (of which Prof. Flint shall be one) by the chair, to report at the beginning of the next meeting what further action in the premises shall be taken by the Association.

The Committee on Nominations reported a change, as follows: Section of Oral Surgery, Wm. W. Allport and E. C. Briggs.

In the Section on State Medicine, Thomas Antisell was named as the member of the Section from the District of Columbia. J. E. Chancellor, of Virginia, declining his appointment on same Section, it was accepted.

ADDRESS ON STATE MEDICINE.

Dr. J. Deering Roberts, of Nashville, chairman of the Section on State Medicine, read an

address on Progress in Hygiene and State Medicine. At the outset the lecturer dwelt upon the importance of investigation into the causation of disease. The recent investigations into the etiology of disease and the germ theory give great promise of future control over epidemic disease, and he awarded the credit of the first announcement of the germ theory of intermittent fever and cholera to a Tennessee physician thirty-five years ago.

The question of State interference in matters of State medicine was next discussed, and he deprecated any such control. The high position of American modern medicine the speaker attributed to untrammelled competition. Free speech, free press, and free medical education were lauded as important to further progress.

In conclusion, the speaker advocated the establishment of a National Bureau of Health, the chief of which shall sit in the Cabinet, as an equal officer, to consider all questions of international hygiene and State medicine.

At the conclusion, Dr. W. A. Coop, of Friendship, Tennessee, entered his individual protest against the "free and easy" medical education advocated by the reader of the address.

The address was ordered to be published.

The President announced the following as the Committee on the Sessions of International Medical Congress of 1886: Austin Flint, New York; I. Minis Hays, Philadelphia; L. A. Sayre, New York; George J. Engelmann, St. Louis; J. M. Brown, United States Navy; J. S. Billings, United States Army; and the President-elect, Henry M. Campbell, of Augusta, Georgia, member *ex officio*.

Dr. John H. Packard called up amendments from the table with regard to increasing membership by application, without the privilege of voting, in order to increase the income of the Association by increasing the number of contributing members.

The objection was made by Dr. Toner that this amendment had not been offered at the last meeting, and therefore could not be acted upon at this meeting. Dr. Kinloch claimed that the amendment had been before the Association and was merely laid upon the table, so that it could be brought up at any time. Dr. Toner moved that the subject be revived and brought up at the next meeting. Adopted.

Dr. Keller requested that certain resolutions which he had offered with regard to cremation be referred to the Section on State Medicine. Adopted.

Dr. J. Foster Pratt moved that each Section be empowered to choose its own chairman and secretary. Laid over as an amendment.

He also moved that the editor of the Journal of the Association be directed to publish the minutes of this meeting in pamphlet form, and distribute them at the next meeting. Adopted.

Dr. Brodie moved that delegates be permitted to register in advance of the next meeting, and that the Secretary post a list of the

members present in the meeting-hall, with their city addresses. Adopted.

Dr. Roberts, from Section on State Medicine, offered resolutions with regard to the establishment of a National Bureau of Medicine and Sanitary Science, which were adopted.

Dr. Cochran offered the following:

"Resolved, That it is not expedient for the Nominating Committee to choose its own members as officers for the Association."

On motion, this was laid on the table until the next meeting.

The chairman of the Section on State Medicine reported favorably upon a resolution offered by Dr. J. Foster Pratt, memorializing Congress to adopt suitable measures by which foreign defective classes should be excluded from American soil. This was unanimously adopted.

Dr. Garnett, chairman of Committee of Arrangements, moved that the addresses be read by abstract only, and referred for publication. Adopted.

ADDRESSES READ IN ABSTRACT.

Dr. J. F. Chisolm, chairman of the Section on Ophthalmology, Otology, and Laryngology, said that his address was not a review of his department during the past year, but was intended more particularly to call the attention of the general practitioner to some well-established facts in ophthalmology which should be appreciated by the profession at large.

Dr. F. W. Brophy, of Illinois, chairman of the Section on Oral Surgery, said that, in addition to certain evidences of progress in oral surgery, he had endeavored to direct attention to more knowledge upon the subject by the general practitioner, and advised the establishment of professorships of dentistry in the medical colleges.

Dr. Lee, of Baltimore, chairman of Section on Diseases of Children, gave an abstract of his address upon Zymotic Diseases in Children.

He confined his consideration to the advances and discoveries made in the study of contagious and infectious diseases as they occur in children. At the outset, he referred to the establishment of the *Archives of Pediatrics* in this country as an indication of increasing interest in this department of medicine, which has been further signalized by the establishment, by the British Medical Association, of a Section on Diseases of Children, at its last meeting.

For the treatment of diphtheria, the lecturer endorsed the method of Dr. James Reed, of Savannah, Georgia:

R Resorcin, gr. xxiv;
Acid. tannici, ʒj;
Acid. salicylici, ʒiv;
Acid. bori, ʒij;
Flor. sulphuris, ʒss. M.

A small quantity of this is to be placed upon the base of the tongue every two or three hours. At the same time resorcin is administered in-

ternally, and it is claimed that it acts better than quinine as a germicide. It is important to differentiate simple croupous angina from true diphtheria: the fact of the disease extending to the velum and posterior pharyngeal wall would make it very probably a case of diphtheria, which is rendered a certainty if the exudation extend into the nose.

The lecturer also referred to the treatment of diphtheria with the bichloride of mercury (grain j to water ℥iv), used as a gargle, and a teaspoonful to be swallowed every two hours, the remedy to be kept up for a week, its use to be regulated by its effects. Dr. Selden has treated two hundred cases of angina of the tonsils and fauces (on the supposition of being the preliminary stage of diphtheria) with cyanide of mercury (1 cgm. in water 100 g.), giving two teaspoonfuls every hour day and night. As adjuncts to this treatment he employed ice locally and free stimulation.

The close relationship of scarlatina and diphtheria was next considered, and cases quoted where the two diseases were apparently evolved from a common cause. The incubation period for scarlatina has been found to be as brief as three days (Yonge Smith, *British Medical Journal*, 1883). In the treatment the antiseptic effect of cold baths was favorably spoken of. Lichtenstern gives five contra-indications to their use: cardiac collapse, laryngeal stenosis, inflammatory swelling and infiltration of the cellular tissue of the neck with venous obstruction, hemorrhagic tendency, and the existence of polyarticular synovitis or tendonitis, in which the slightest movements are painful. Sodium salicylate, and stimulants in the form of wine, were recommended, with attention to nourishment.

Cerebro-spinal fever is an infectious disease which is more likely to occur in males than in females, and particularly are those children susceptible who worry over their studies. The disease being constitutional with meningitis as a local expression, general and local measures are both required. Ice-cap, hot mustard foot-baths, and, internally, ergot and bromides, with chloral to relieve headache and restlessness, have given good results.

Typhoid fever, while sufficiently common in young children to require notice, yet runs a more favorable course than in adults. The symptoms are slight, the special complications being pneumonia and bronchitis. Hygienic treatment is only required, except for the purpose of lowering temperature.

The parasitic character of measles was considered as established by Dr. Keating's and Dr. Formad's researches. In the treatment of malignant cases alcohol, and in milder cases stimulating expectorants and diaphoretic mixtures, with quinine, were recommended.

Variola, vaccinia, and mumps were also briefly considered in the light of recent com-

munications upon these subjects. Infantile diarrhoea was also spoken of as a constitutional affection rather than as a digestive disorder, and possibly, even if remotely, allied to the infectious diseases. Erysipelas is a disease which may occur in infancy; frequently it has a traumatic origin. In the treatment of whooping-cough ergot was highly endorsed, especially in subacute bronchial cases. If there is much febrile disturbance, aconite should first be used.

MISCELLANEOUS BUSINESS.

Dr. J. M. Toner, chairman of the Committee on Necrology, reported that instead of waiting for the annual report he had published obituary notices in the *Journal* as he received them. On motion, the plan was approved and adopted.

Minutes were received from the secretary of the Section on Surgery and Anatomy. On motion of Dr. Atkinson, the secretaries of other Sections were authorized to send their minutes directly to the editor.

The Section on State Medicine reported resolutions in favor of elevating the standard of medical education. In order to secure uniformity in medical requirements, it was urged that the members of this Association be requested to use their influence with State boards, etc. Adopted.

The Treasurer, Dr. R. J. Dunglison, reported a balance on hand of \$2212.07. The increased receipts of last year he attributed to the influence of the *Journal* in getting subscribers and advertisements. He also called attention to the misconception in the minds of some members that their dues need only be paid once in three years to maintain membership.

Dr. Brodie moved that it is the sense of this meeting that the annual dues must be paid each year in order to retain permanent membership in the Association. Adopted.

The Librarian's report was then received, adopted, and ordered to be printed.

Dr. J. C. Green, of Buffalo, offered a series of resolutions calling attention to the fact that the third volume of the "Medical and Surgical History of the War" had not yet been printed, and that the first two volumes were out of print, and petitioning Congress to issue a uniform edition in three volumes, to be sold at cost, with the usual ten per cent. addition. Adopted.

Dr. Carl Seiler gave notice of a proposed amendment, dividing the Section on Ophthalmology, Otology, and Laryngology into two Sections,—one on Ophthalmology, and the other on Otology and Laryngology.

Dr. William Beach, of Ohio, offered resolutions declaring it to be the opinion of the American Medical Association that it is important for Congress to adopt, at the present session, proper legislation for the extermination of the disease among animals known as

pleuro-pneumonia, and that a committee be appointed to bring the matter before the committee of the House of Representatives now having the bill in charge. Adopted.

Dr. H. F. Campbell, the President-elect, was then escorted to the chair, and acknowledged the honor, which had been rendered greater by having such an illustrious predecessor as Prof. Flint.

Resolutions of thanks were passed to the postmaster for establishing a branch post-office at the Hall, and to the railroads, institutions, and citizens who had contributed to the success and pleasure of the meeting.

A resolution offered by Dr. Von Klein, of Ohio, to abolish the custom of opening the sessions of the Association with religious exercises, was unanimously laid upon the table.

On motion of Dr. Ott, of Pennsylvania, the attention of Congress was called to the contracted and unsafe accommodations for the Army Medical Library and Museum, and the need of a fire-proof building again pointed out.

Dr. Von Klein moved that the next issue of the Journal of the Association be draped in black in honor of Prof. S. D. Gross. Referred to committee having in charge the resolutions upon the death of Prof. Gross.

Dr. Leasure moved that it is the sense of the Association that members are not allowed to use their titles as members of this organization in testifying to the value of mineral waters and proprietary medicines. Adopted.

A communication from the West Philadelphia Medical Society with regard to the Code of Ethics, and endorsing the same, was referred to the Judicial Council.

Dr. Daniells, of Texas, offered a resolution calling attention to the danger of the use of caustic potassa and lye among families, and to the necessity of such preparations being labelled and treated as poisons. Adopted.

A communication from the New Jersey State Medical Society, containing a schedule for preliminary education, was, on motion, referred to the Publication Committee.

A communication was read from the Missouri State Medical Society with regard to the frequent advertisements of medical colleges containing the names and subjects lectured upon by the different members of the faculty. Referred to the Judicial Council.

The President announced the following appointments:

Delegates to the Canada Medical Association, Drs. Brodie and Walker, of Michigan, and W. S. Tremaine and E. N. Buck, of New York.

Delegate to the British Association for the Advancement of Science, Dr. W. Brodie.

Delegates to other Societies abroad, Drs. J. W. S. Gouley, E. C. Harwood, H. D. Didama, C. C. Wyckoff, F. Hyde, N. C. Husted, G. T. Stevens, and J. C. Hutchinson, of New York; S. C. Gordon and T. L. Estabrook, of Maine; A. J. Jones, E. M. Dent, and J. F.

Gabriel, of Virginia; C. E. Vaughn and H. O. Marcy, of Massachusetts; H. P. C. Wilson, of Maryland; D. W. Prentiss, L. Friedreich, and S. C. Busey, District of Columbia; J. M. Browne, United States Navy; J. S. Billings, United States Army; Edward Boerck, of Missouri; T. J. Gallaher, A. M. Pollock, John V. Shoemaker, N. A. Hobday, and W. H. Daly, of Pennsylvania; C. Deveny, of Illinois; C. Johnson, of Maryland; H. F. Campbell, of Georgia; and by special resolution the name of Austin Flint, of New York, was added to the list.

Dr. Knott, of Texas, offered a resolution of respect to the memory of J. Marion Sims. Owing to the introduction of the following resolution, by oversight, no vote was taken upon Dr. Knott's resolution.

Dr. A. L. Gihon offered a resolution that this Association commemorate its meeting in Washington by erecting a statue to Dr. Rush, of Pennsylvania, the father of American medicine, and that a committee of five be appointed for this purpose. Adopted.

On motion of Dr. Garcelon, of Maine, a vote of thanks was tendered to Dr. Austin Flint for the manner in which he had presided over the deliberations of the meeting. The vote was put by Dr. Atkinson, and unanimously carried. The Association then adjourned *sine die*.

SECTION ON THE PRACTICE OF MEDICINE.

JOHN V. SHOEMAKER, M.D., of Philadelphia, Chairman; E. G. WILEY, M.D., of Sandy Hook, Connecticut, Secretary.

A paper on "Simulation of Pathognomonic Signs and Symptoms" was read by Dr. E. G. Janeway, of New York. The object of the paper was to call attention to mistakes that are likely to arise from interpretation of morbid signs, and he showed in illustration the change in diagnostic value which had occurred within a few years in some prominent symptoms. Choked disk now simply means *increased intracranial pressure*, not necessarily by a new growth, as was once thought. Tremor does not indicate *multiple sclerosis* unless other causes, such as alcoholism or metallic poisoning, be excluded. Coma with a temperature low at first and afterwards elevated is a very positive sign of *hemorrhage* into the brain. Some pulmonary signs, as vocal fremitus and bronchial breathing, may occur in *pleurisy* as well as in *pneumonia*. Tumors pressing upon the aorta sometimes give rise to double murmur, often mistaken for aneurismal bruit. Dyspnoea, often supposed to be cardiac, may be due to Bright's disease. In conclusion, he stated that the presence of albumen and hyaline casts may be unconnected with renal disease.

Dr. Austin Flint, of New York, then read a paper on "The Clinical Study of the Heart-Sounds."

He divided the heart-sounds into five dis-

tinct sounds, two of which were diastolic and three systolic. The diastolic sounds are the aortic and pulmonic, being made at the corresponding valves. The systolic sounds are the mitral, tricuspid, and sound of impulsion produced by the impulse of the heart against the chest-wall. The booming character of the first sound is due to the impulse. This is heard with the greatest intensity at the apex. The mitral sound is heard a little to the left of the apex, while the tricuspid is heard to the right.

The writer next considered the significance of alterations in the character of each of these sounds. Incompetency of the aortic valve is generally, if not invariably, represented by a regurgitant murmur. This simply shows incompetency, without giving any idea as to the amount. This is to be determined from other points, particularly by a comparison with the power of the left ventricle, as shown by the sound of impulse. Abnormal increase in the intensity of the aortic sound is referable to two causes: 1, increased power of the systole of the left ventricle; 2, increased blood-pressure in the systemic arteries. Experiments have been made which tend to show that increasing the blood-pressure has no effect on the aortic sound. The intensity of the pulmonic sound is increased by increase of the blood-pressure in the pulmonic arterial system. Insufficiency of the mitral valve is represented by a murmur, which simply denotes insufficiency, without giving information as to its amount. The sound of impulse furnishes this. The sound of impulse is increased in cardiac hypertrophy and diminished or absent in weakness of the ventricular systole. Alterations in the tricuspid sound are not of much importance, on account of the rarity with which this valve is attacked by disease. Hypertrophy of the right ventricle intensifies it. The position of these various murmurs was indicated by diagrams.

A paper on "Dermatitis Herpetiformis" was then read by Louis A. Duhring, M.D.

Under the name of dermatitis herpetiformis, the author proposes to group a number of cases of a rare disease of the skin which he has met with from time to time, having some features in common with several well-known diseases, notably herpes, pemphigus, and eczema, but which nevertheless is distinct from these affections. It manifests itself by the formation of erythematous patches of an urticarial or erythema-multiforme-like character; variable-sized, irregularly-shaped or stellate, flat or raised, more or less grouped, herpetic vesicles; blebs of similar character; pustules, flat or acuminate, whitish in color, with a more or less inflammatory base; and papules, vesico-papules, and variously-sized, circumscribed infiltrations, all the lesions inclining to assume an herpetic character (taking herpes zoster as the type of eruption), accompanied with

violent itching. One or another of these varieties of lesions may be present alone, or, as often happens, they may appear together as a mixed or multiform eruption, or the several forms may succeed one another during an attack or as a subsequent relapse. The disease is remarkable for the multiformity of lesion. Thus, it may be divided into the erythematous, papular, vesicular, bullous, pustular, and multiform varieties. This protean and multiform nature of the disease has been previously pointed out by the author in the second edition of his Treatise on Skin Diseases in considering the "impetigo herpetiformis" of Hebra, which represents the pustular variety of dermatitis herpetiformis according to Dr. Duhring.

The erythematous variety bears some resemblance to urticaria, and especially to erythema multiforme, the variegation in color and pigmentation calling to mind the latter affection, but the course of the disease is chronic, this variety usually giving way sooner or later to three forms of eruption.

The vesicular variety is of more frequent occurrence, the lesions varying in size from a pin-head to a pea. They are usually flat, irregularly-shaped, angular, glistening, pale-yellowish, firm, and, as a rule, are unaccompanied by areolæ. They are aggregated, or occur in little clusters of two or three, and may coalesce. The eruption is usually profuse, and, as a whole, is generally disseminate. In chronic cases there is considerable pigmentation. The itching is intense. Dr. Duhring regards this variety of the disease as being probably identical with the "herpes gestationis" of some authors.

The bullous variety shows blebs having general characters like the vesicular variety, and is liable to be mistaken for pemphigus.

The pustular form exhibits itself in variously-sized rounded or flat, usually tense, whitish pustules, resembling impetigo and ecthyma. They incline to flatten and spread on the periphery, crusting in the centre. They possess, usually, "angry-looking" areolæ, have a "drawn-up" or "puckered" appearance, and, like the other lesions, tend to be angular in outline. They incline to form in groups of two or three or more, which may coalesce. The grouping is further peculiar in that the central pustule will often be immediately surrounded by a variable number of smaller (pin-point or pin-head sized) pustules, sometimes in a circular form, as in herpes iris. But this arrangement is not constant. This variety of the disease has been described by Hebra under the name of "impetigo herpetiformis."

In all the varieties of dermatitis herpetiformis there is a disposition for the lesions to manifest themselves in patches or in groups, taking on an herpetic character, and to extend about the periphery. A variable amount of constitutional disturbance is pres-

ent, especially with each new outbreak. The itching and burning are violent. The disease shows a marked tendency to appear in crops and moreover to relapse, its course often extending over years. All regions are liable to invasion. It occurs in both sexes, and usually in early adult or middle life. It is often met with during the parturient state, and is a serious disease, the pustular variety being especially grave. It is very rebellious to treatment. It is a neurotic manifestation. The author has encountered fifteen cases.

The author concluded his paper by giving the following résumé:

1. The existence is shown of a distinct, clearly-defined, rare, serious, herpetic disease of the skin, manifesting itself usually in successive outbreaks, characterized by more or less systemic disturbance, a variety of primary and secondary lesions, and severe itching and burning.

2. The disease is capable of appearing in many forms, having a tendency to run into one another irregularly, the principal varieties being the erythematous, vesicular, bullous, and pustular, which may occur singly or together in various combinations.

3. The disease is protean in character, and is remarkable for its multiformity.

4. The pustular variety is the same manifestation as that described by Hebra under the name "impetigo herpetiformis."

5. The term "dermatitis herpetiformis" is sufficiently comprehensive and appropriate to include all varieties of the disease.

6. It may occur in both sexes, and in women independent of pregnancy.

7. It usually pursues a chronic, variable course, lasting years, and is very rebellious to treatment.

"The Etiology of Pericarditis" was the subject of a paper by Dr. John T. Whitaker, of Cincinnati, Ohio. A disease often overlooked because insidious, the lecturer declared rheumatism to be the most important single cause, but the majority of cases are not of rheumatic origin. As to frequency, statistics show it to occur once in seven hundred and twenty-six cases; more frequently in males; in youth, and in those who work hard. Pericarditis is often of mycotic origin, and secondary to systemic infection by micro-organisms, which especially choose the serous membranes.

A paper entitled "Importance of Unity in the Pharmacopœia: A Plea for Greater Interest in the Pharmacopœia by Physicians," by Dr. Prentiss, of Washington, was read by title, and referred for publication.

Dr. Black, of Illinois, read a paper entitled "The Production of Poisons by Micro-Organisms," in which, after an extended review of the subject, he formulated the following conclusions:

- 1. All cognizable forms of life are dependent upon the products of molecular change in matter for their continued existence.

2. Every cognizable form of life capable of independent existence must have the power of digestion for the preparation of food-material for the nutrition of its material structure.

3. Each living cell must appropriate to its nutrition food-material prepared by a digestive body of its own or by the appropriation of material prepared for it vicariously by some allied living cell.

4. Every living cell must support its life and material structure by a continued imbibition and remolecularization of matter within itself, except during special conditions of rest, as in the seed, egg, etc.

5. Every living cell must, as a result of the remolecularization of matter within itself, throw off waste products of two classes,—a respiratory waste, rich in oxygen, and a urinary waste, poor in oxygen. All waste products are poisonous to the living organism from which they emanate.

6. The natural organic poisons are uniformly waste products of the organisms in which they are formed.

7. Pathogenetic micro-organisms, by their remolecularization of matter, form poisons analogous to the vegetable alkaloids, which are the active agents in the production of disease.

8. While I should not class the digestive ferments, as diastase, etc., as organic poisons, they may act as irritants when applied to another form of life than that which produced them.

9. Normal tissues resist the invasion of the micro-organisms by throwing out matter calculated to destroy them or dissipate or nullify their action, aroused thereto by the presence of an irritant agent given out by the micro-organism.

The last paper of Tuesday's session was read by Dr. Traill Green, of Easton, Pennsylvania, on "The New Official Chlorate."

He regards the chlorate of sodium as far more efficient than the chlorate of potassium. He had been using it since 1866. It is soluble in one and one-tenth parts of water. The doctor mentioned some of the diseases in which he had employed it. It is applicable to all conditions in which the potassium salt has been used. He had employed it in poisoning with the *Rhus toxicodendron* with great satisfaction, bathing the part with a solution of from one to three drachms to the pint of water. For eighteen years he has used no other treatment. A solution of twelve grammes to a litre of water is a soothing application in erysipelas. The caution was given not to allow the cloths saturated with the solution to become dry, because they were readily set on fire. In conjunctivitis a solution of four grammes to five hundred c.c. of water is of service. The sodium salts do not act on the heart, as do the potassium compounds. A section of heart-muscle placed in a solution of potassium salt is soon completely

paralyzed, but if removed and placed in a sodium solution its irritability is regained.

Second Day.—"A Periodical, Painful Affection of the Liver" was the subject of a paper read by Dr. R. Harvey Reed, of Mansfield, Ohio. It was believed to be due to disorder in the liver or its capsule, or both, and possibly a true irritation of the capsule of Glisson. No evidence of inflammation was present.

A paper on "Epilepsy" was then read by Dr. William Pepper, of Philadelphia.

In a purely clinical discussion of epilepsy, our conception of the disease must be a broad one. Strictly, cases of organic disease should be excluded. This is, however, sometimes difficult. There is no trouble in those instances in which the common symptoms of brain-tumor are present, but in those cases in which epilepsy follows sunstroke the distinction is not so clear.

Hysteria should also be excluded. While typical epilepsy and typical hysteria are readily distinguished, yet there are many facts showing their analogy. A case was then quoted of hysteria associated with neurasthenia, apparently dependent upon membranous enteritis, with great prominence of the vaso-motor symptoms and the appearance of crops of stigmata before the attack.

Both epilepsy and hysteria represent conditions of malnutrition, with morbid sensibility and irritability of nerve-tissue, brought about in the most varied manner. In hysteria it would seem that the ganglionic nervous tissue is especially vulnerable, and the gray matter within the encephalon less so, though instability of this may coexist. An attack may be induced through violent disturbance of ganglia controlling intracranial circulation and consequent discharge from unstable gray centre in cortex or elsewhere. Epilepsy would seem to depend upon a supremely unstable condition of one or more areas of the gray matter within the encephalon, rendering it liable to sudden and violent discharges. This instability may be brought about in very varied manners. The most prominent influences are heredity, nervous exhaustion, as from overgrowth, overstrain, or exhausting illnesses, shock, or sudden powerful impressions, as from physical injury, with or without distinct lesion of cranial bones, sunstroke, purely psychical shocks, as from fright, instability of circulation, with disturbed nutrition of the brain, as in heart-disease, and in connection with heart-disease there is a possibility of minute embolisms interfering with the nutrition of small areas, prolonged peripheral irritation, especial reference being made to chronic catarrhal irritation of the gastro-intestinal tract. A consideration of these points teaches that these cases grouped under the name of epilepsy are not afflicted with a single definite disease, but they exhibit in common merely a state of impaired nutrition and morbid instability of the gray matter, varying

greatly in different cases. In some cases there are probably minute molecular changes in the nervous tissue. In a larger number of cases, however, the recurring convulsions are connected, not with irregular advancing morbid tendency or irregularly progressive anatomical change, but with occasional and irregular operation of those widely different causes which are calculated to disturb the weak centre and induce explosive discharges.

The evil effects of habit are prominently exhibited in this disease, so that if the instability cannot be reduced and the provoking causes not removed, the attacks will be more and more readily induced, until they will at last be excited by almost imperceptible causes.

It is important to recognize the degree of instability in these cases. Every one is liable to convulsions; it is merely a question of the provoking cause required. Provoking causes cannot be found in all cases of epilepsy, but the more closely they are sought for the more frequently will they be found. A careful study in this direction is of the greatest importance in every case.

Among the most frequent provoking causes may be mentioned indiscretions in diet or improper food. This may act in different ways by exciting local irritation of the mucous membrane, which will act in a reflex manner, or it may induce a condition of toxæmia from the admission to the blood of imperfectly-elaborated elements, or from the failure of the emunctories to remove some product of malassimilation. In many of the cases seen by Dr. Pepper the attacks bore a close analogy to the spells of vertigo induced in lithæmic patients by indiscretions of diet.

In this connection allusion may be made to the fact that the injection of the non-digestive ferments into the general circulation is capable of inducing serious nervous symptoms, even convulsions and death.

Scarlatina is frequently followed by epilepsy. In some cases this is explained by the tendency to wide-spread tissue-change, so that impaired nutrition of the gray matter might be expected to occur at times. In other cases this disease may act by leaving such a degree of renal insufficiency as will, under comparatively slight causes, lead to toxæmia, from the retention of malassimilated materials. It does not seem necessary that such a condition should reveal itself by the presence of albumen in the urine, although Huppert states (*Archiv für Psychiatrie*, 1877, p. 189) that immediately after an epileptic attack albumen is almost invariably present, and hyaline tube-casts can frequently be found.

In those cases in which the morbid state of the nervous system has been brought about by sunstroke or exposure to excessive heat, it will often be found that attacks will be induced by undue exposure to the rays of the sun, or even to intense light. When the nervous instability is associated with cardiac lesion, I

have frequently noticed that muscular exertion or excitement of the circulation directly induced the attacks. In all cases mental excitement, or too close application, or sexual excess, will favor the occurrence of the seizures. These causes are operative on account of the constitutional susceptibility.

It is often stated that epileptics are in full health. This certainly does not accord with my experience. Careful study has usually shown some derangement or impairment of important functions.

The principles of rational treatment must follow from such considerations as the above. No one plan of treatment is applicable to all, or even to a large majority, but each case requires separate study and a special line of treatment.

The primary cause should be removed if it can be discovered, and the same is true of the provoking cause. The leading principles of treatment are to relieve anæmia, neurasthenia, and morbid susceptibility by diet, change of occupation, change of residence, and rest. Intestinal irritation should be removed, especial reference being made to an absolute milk diet, long continued. Other special forms of diet are required in certain cases. Nitrate of silver is of a particular value in those cases where gastric intestinal irritation is a prominent condition.

Overexertion should be avoided in all cases, and especially in cardiac cases. Excitement and overexertion of mind should also be guarded against.

Counter-irritation should be employed, the best effect being obtained from the actual cautery, and this is of special value in those cases where definite intracranial irritation is suspected, as after insolation. The cautery occasionally exerts a good effect in organic cases.

Trephining is valuable in a considerable number of cases when circumscribed lesion of the cranial bone is suspected.

The removal of genital irritation is important, the question of circumcision being the most important. Its value has, however, probably been overestimated.

It is important to arrest the attacks if possible, for their continuance strengthens the bad habit and renders subsequent attacks more readily developed. The use of the ligature to arrest the aura, nitrite of amyl, and other expedients may be employed. Various drugs are to be recommended, such as the bromides, belladonna, and asafetida, enemata of chloral, iron, and other tonics. The great value of the bromides is recognized, but caution is to be given in regard to their frequent failure, their abuse, and their dangers.

The danger of drifting into a routine treatment is greater, and its results more disastrous, in this disease than in any other.

Dr. James C. Wilson, of Philadelphia, read

a paper on "The Diagnosis of Tumors of the Anterior Mediastinum."

The most frequent tumors are lymphoma, sarcoma, and carcinoma. Carcinoma probably never occurs as a primary disease. Primary sarcoma is also rare. Lymphadenoma is a more frequent form of growth. The diagnosis of tumors of this space cannot, as a rule, be positively made. The principal symptoms are pain of a pleuritic character, superficial, not deep as the pain of aneurism, dyspnoea, dysphagia, constriction, and compression in the sternal region. The pain is apt to be paroxysmal, and this has diagnostic value. Fever is absent unless due to inflammatory complication. Nutrition is often good, emaciation being, as a rule, due to pressure on the œsophagus. On inspection, there is found distention of the veins of the neck, protrusion of the eyeballs, inequality of the pupils, and tumefaction of the face and neck from serous infiltration. Asymmetrical protrusion of the upper part of the chest may also be present. Enlargement of the thyroid gland and of the glands at the root of the neck and in the axillæ often occurs. On percussion, a modification of the area of dullness is found. The auscultatory signs vary greatly in different cases. The heart is usually enfeebled and its rhythm disturbed. The respiratory murmur is diminished, and stridor is less common than in aneurism. Great enfeeblement of the respiratory murmur of one side may be of diagnostic value. The differential diagnosis from aneurism is to be based on the history, the presence of malignant growths elsewhere, existence of dullness on percussion without the characteristic signs of aneurism, the presence of pain of a stitch-like character, the sense of constriction, and the age of the patient. Tumors are distinguished from pericardial effusion by the irregular outline of the dullness, the greater transverse diameter, the dullness is, as a rule, at a higher level than in effusion, and the absence of any of the common causes of pericarditis.

The doctor then went on to consider in detail the differential diagnosis between the different forms of tumor which may occupy the anterior mediastinum.

William H. Welch, of New York, read a paper on "The Pathology of Myocarditis."

The lecturer thought that too little attention was paid to this affection. Diseases of the heart-walls are among the most important to which this organ is liable. Of all the diseases of the cardiac muscle, myocarditis is the most important. He then described the anatomical peculiarities of this disease. It is not really an inflammatory change, but is the result of degeneration, atrophy, and the deposit of fibrous matter due to defective nutrition. This is brought about by partial occlusion of the coronary arteries. This is another condition to which too little attention

is paid. He reported a number of cases in which examination of the heart during life had revealed no positive signs of disease, but where, the patient dying suddenly, there was found, after death, occlusion of the coronary arteries and myocarditis. He classed the cases which he had seen as follows: 1. Cases where no symptoms referable to the heart were noticed during life, death occurring from other causes. 2. Sudden death without known symptoms referable to the heart, and where lesions of the coronary arteries and myocardium were the only assignable cause of death. 3. Sudden death, preceded by one or more attacks of angina pectoris. 4. Cases where some symptoms of cardiac insufficiency had been present for a short time. 5. Cases attended for months with the usual symptoms of disease of the valves of the heart.

"Irregular Apoplectic Attacks from other Causes than Hemorrhage or Embolism" was read by Dr. Gaspar Griswold, of New York City. The term apoplexy here is employed to denote a symptom complex rather than a particular pathological condition of the brain. In addition to extravasation and plugging, there are certain functional disturbances which give rise to unconsciousness, hemiplegia, and convulsions more or less severe or prolonged. The history of four cases was communicated, in which the erroneous diagnosis of cerebral hemorrhage was made, when the transitory character of the symptoms afterwards showed that no organic lesion existed.

A paper on "Occult Causes of Disease," by Dr. W. L. Schenck, of Osage City, Kansas, was read by title and referred.

Third Day.—Dr. Austin Flint, Jr., of New York, read a paper on "The Treatment of Diabetes Mellitus."

He referred to the fact that sugar was occasionally found in the urine of apparently healthy persons. In his experience the proportion had been one in every three hundred and seventy-seven cases. He next called attention to the different methods of testing for sugar, stating that if a perfectly fresh solution of Fehling's test be employed there can be no error in the result. He also commended Squibb's test. The specific gravity bears no relation to the proportion of sugar. Sugar may be present in urine of a low specific gravity. He had seen it in urine of a specific gravity of 1010. The quantity of urine need not be increased. He considered the liver to be a sugar-producing organ. In health this sugar is washed away by the blood as rapidly as it is formed. The sugar contained in the food is normally destroyed in the liver. In regard to prognosis, he said that if the patient would submit to a certain course of treatment as soon as glycosuria was recognized, he thought that it was possible to effect a cure of the disease, or at least to remove the most characteristic symptoms, with the exception,

perhaps, of the occasional appearance of a small quantity of sugar in the urine as a temporary condition. In the treatment almost sole reliance should be placed on the use of a diet from which starches and sugar had been excluded. This should be carried out absolutely. Systematic daily muscular exercise should be enforced, but fatigue should be scrupulously avoided. All alcoholic excesses and the use of sweet fruits are to be avoided. In cases where the sugar persists, the use of solution of arsenite of bromine in doses of three drops three times a day is often of service in diminishing the amount of sugar and relieving the distressing symptoms of the affection. This may be continued for weeks or months without unpleasant effects. The rigid diet should be continued for at least two months, even in the mildest case. The return to ordinary diet should be gradual, and the urine should during this time be examined every five or six days.

The following papers were then read by title: "Phthisis, its Successful Treatment," by J. P. Miller, M.D., of West Virginia; "The Milk Treatment of Disease," by James Tyson, M.D., of Philadelphia.

A paper by Dr. J. E. Atkinson, of Baltimore, entitled "Bright's Disease of Malarial Origin," was read by title.

Dr. Henry F. Formad, of Philadelphia, read a paper on "Tuberculosis." (As Dr. Formad's views have recently been published in our columns, we do not consider it necessary to repeat them here.)

Dr. Austin Flint, Sr., thought that if tuberculosis was an infectious disease, produced by a parasite, its contagiousness would follow as a matter of course. The presence of a parasite had been demonstrated. The great preponderance of evidence is in favor of the view that it is uniformly present in products recognized to be tuberculous. The bacillus is not found in products which from other characters are considered to be not tuberculous. The conclusion which he had reached was that there was some essential connection between the presence of this parasite and the tuberculous disease. In regard to the contagiousness and inoculability of tuberculosis, he thought that all testimony was in favor of this. Other causes may co-operate and undoubtedly do co-operate in the production of tubercle, but the presence of the specific parasite is essential.

Dr. William H. Welch agreed with Dr. Flint. Dr. Formad had spoken of tuberculosis produced by inoculation of other substance than the bacillus. If bacilli be the sole cause, the condition can of course be produced in no other way. Koch, in his experiments, had adopted every precaution to prevent an error. With better methods of investigation, he had found the bacillus in every case. When the difficulties of the process required

for the detection of the bacillus are considered, it is not at all wonderful that at times it should not be discovered. The essential point of Dr. Formad's objection is whether or not tuberculosis can be produced by other causes than the bacillus. The weight of evidence is in favor of the view that tuberculosis can be produced by the inoculation of no other substance than the bacillus tuberculosis.

Dr. George M. Sternberg, U.S.A., had not been able to reach any definite conclusion in this matter. He had performed some experiments, but they had not been conclusive. He thought that the suggestion of Dr. Formad that the bacillus might act as a local irritant was worthy of consideration. He suggested that possibly the reason why tuberculosis had appeared in animals which had been inoculated with other matters than the bacillus might be that the animals had developed the condition from being kept in unsuitable quarters.

Dr. R. S. Fitz, of Massachusetts, thought that the pith of Dr. Formad's remark lay in the statement that he had produced tuberculosis without the bacillus. It may be that what he considered tubercles were not really such.

Dr. James Tyson, of Philadelphia, had hoped that Dr. Formad would have presented some carefully-detailed experiments. When Koch's theory was first advanced, he thought it would share the fate of previous theories of this kind. Instead of that, it had been constantly gaining strength. The only way that the matter can be settled is by a repetition of the experiments to decide whether Koch or whether Formad is right. One point in regard to the contagiousness of tuberculosis and to its infectiousness. Dr. Flint thought that one would follow from the other. Tuberculosis may be infectious and yet not be contagious. Malarial fever is an infectious disease that is due to a specific cause, but it is not contagious,—that is, communicable by contact. It may be proved that tuberculosis is infectious before it is shown that it is contagious.

Dr. Janeway related a number of cases which he thought went to show that tuberculosis was contagious.

Dr. Charles Dennison, of Colorado, exhibited a chart to show the relation of pneumonia and phthisis to climate,—these diseases being very frequent in warm and moist climates, while they were comparatively rare in regions which were dry and cool.

Dr. W. T. Belfield, of Illinois, could not agree with the theory that tuberculosis was due to bacteria. He believed that it was due to internal causes or to conditions in which the patient was placed.

Dr. E. O. Shakespeare, of Philadelphia, after an extended review of the matter, concluded that tuberculosis was often an infectious disease, that often it was due to a specific, pathogenetic, parasitic agent, and that so far it has not been demonstrated that anything be-

sides the tubercle-bacillus can produce the disease, nor has the contrary been positively shown.

Dr. G. C. Smythe, of Indiana, referred to different classes of infectious and contagious diseases, and thought that possibly tuberculosis could be placed under the head of local infectious diseases, as syphilis and leprosy.

Dr. H. C. Ernst, of Massachusetts, agreed with Drs. Welch and Fitz, and then went on to describe the advantages and disadvantages of the different staining processes which had been recommended, and called attention to the fact that in performing these investigations nothing less than an immersion lens with some form of sub-stage illuminating apparatus would give reliable results.

Dr. William Pepper, of Philadelphia, had observed similar cases to those described by Dr. Janeway, but his observations had led him to a directly opposite conclusion. He did not believe in the contagiousness of tuberculosis. In the experiments which Dr. Formad had performed, great care was taken to place the animals under the best hygienic surroundings; some were sent to the country, and all were given plenty of fresh air.

He thought that there were many other ways of explaining the connection of the bacillus and tuberculosis than the assumption that the bacillus held a causal relation to tuberculosis.

Dr. Traill Green, of Easton, Pa., did not believe that tuberculosis was a contagious disease, and referred to the fact that working in grindstone-factories would soon induce tuberculosis in perfectly healthy individuals.

Dr. Formad was pleased that so much discussion had been elicited. He was, however, somewhat disappointed, for he had hoped that more stress would have been laid on facts than on views.

In regard to the surroundings of the animals, they had been all that could be desired. He had visited a large number of the laboratories of Europe, and in all cases the animal-rooms were in the cellar. Those of Koch were in this location. His were located in the fourth story, and the animals were kept clean and allowed exercise.

Dr. Newman exhibited a little apparatus, called the electric dumb-bell, which consisted of a rubber arrangement in the form of a dumb-bell. In one of the enlarged extremities was placed a little battery, while in the other were the helix and interrupting apparatus.

The following papers were read by title and referred to the Publishing Committee:

Paper of H. O. Marcy, M.D., of Massachusetts, on "The Germ Theory of Disease."

"Retardation of the Pulse in Mitral Insufficiency," by A. T. Keyt, M.D., of Ohio.

"Specific Treatment of Croup and Diphtheria," by G. A. Linn, M.D., of Pennsylvania.

"Muscular Hypertrophy of the Stomach," by Alexander Marcy, M.D., of Riverton, New Jersey.

"Etiology of Enteric Fever," by S. K. Crawford, M.D., of Illinois.

"Typhoid Fever," by S. K. Jackson, M.D., of Virginia.

"New Theory and New Instrument of Diagnosis," by L. G. Ayres, M.D., of Pennsylvania.

"The Advantage of the Use of Massage in Rheumatic Gout," by Douglas Graham, M.D., of Boston, Massachusetts.

After extending a vote of thanks to the chairman and the secretary for the efficient manner in which they had filled their positions, the Section adjourned.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

T. A. REAMY, M.D., of Cincinnati, Ohio, Chairman; J. T. JELKS, M.D., of Arkansas, Secretary.

"Desperate Surgery among Women" was the title of a paper by Dr. R. Stanley Sutton, of Pittsburg, Pennsylvania. The writer pointed out the great responsibility which devolves upon those undertaking abdominal surgery, and the need of careful training and skill in those who undertake its performance.

A paper on "Surgical Operations for Cancer of the Uterus" was read by title, the author, Dr. Byford, of Chicago, being absent.

Dr. Joseph Tabor Johnson, of Washington, read a communication on "Trachelorrhaphy," in which he went over the ground of the advantages and disadvantages of the operation, already considered to a great extent in the address of the chairman of the Section.

Second Day.—"The Relations of Ovulation to Menstruation" was the subject of a paper read by Dr. A. Reeves Jackson, of Chicago, Illinois, in which the essential dependence of true menstruation upon ovulation was discussed at length.

"Puerperal Septicæmia" was the title of a paper by Dr. Theophilus Parvin, of Philadelphia, who gave a detailed account of an epidemic during his term of service at the Philadelphia Hospital, and declared his conviction that it was an infectious disease, associated with filth and overcrowding, and urged isolation, hygiene, and chemical antiseptics in the treatment.

"The Management of Protracted Labor" was the subject of an able paper presented by Dr. W. H. Taylor, of Ohio, which was well received.

"The Use of Chloroform in Labor" was advocated in a communication read by Dr. J. Herbert Claiborne, of Virginia.

Third Day.—"The Management and Rectification in Difficult Cases of Occipito-Posterior Presentations" was the title of an elaborate paper by Dr. J. E. Taylor, of New York,

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in which the mechanism and correction of this presentation were discussed and illustrated by clinical notes of cases.

Dr. Busey then read a paper on the "Causes and Prevention of Laceration of the Female Sexual Organs," written by the late Prof. S. D. Gross, to be read at this meeting. Delicacy would have suggested that, as the last utterances of the dead teacher, the paper be received in respectful silence, or at least spared from criticism, but the spirit of controversy was abroad, and the communication was discussed as freely as if the great author were still living to defend it.

A statistical paper on "A Thousand Cases of Labor in Private Practice" was read by Dr. W. M. Findley, of Altoona, Pennsylvania.

Dr. William T. Lusk read a paper on "Sudden Death in Labor and Childbed." The possible causes of this occurrence are entrance of air into the uterine veins, thrombosis and embolism, syncope or shock. The use of the vaginal douche may cause entrance of air into the uterine veins, and he has therefore discarded its use in hospital service.

"Malformations of the Female Sexual Organs" was the title of a paper by Dr. Brown, of Baltimore, in which several cases of abnormality were reported. In one case entire absence of uterus and ovaries was discovered; in another, defective development of the uterus; and several cases of ante flexion due to this cause were mentioned.

SECTION ON SURGERY AND ANATOMY.

C. S. PARKES, M.D., of Chicago, Chairman; H. O. WALKER, M.D., of Detroit, Secretary.

"Treatment of Compound Fractures" was considered in a practical paper by Dr. Frederick I. Dennis, of New York, based upon records of one hundred and twenty-eight cases treated in New York hospitals by himself, divided as follows: twenty-three of cranium, seventeen recovering; three of thigh, all recovering; forty-eight of leg, all recovering; ten of arm, all recovering; thirteen of forearm, one died; thirty miscellaneous, all recovering.

The death of Professor Gross was then announced, and the Section adjourned as a mark of respect, after appointing a committee to draft appropriate resolutions to be entered upon the minutes of the Section.

Second Day.—"Railroad Injuries of the Extremities of the Human Body, with Observations on the Site of Amputation and Subsequent Treatment of the Stump," was the subject of a communication by Dr. Theodore R. Varick, of Jersey City, New Jersey. Death by shock after accident was attributed to forcing of the venous blood back on the heart, producing paralysis of the right heart. He advocated hot-water dressing to the stump, free drainage by tubes, irrigation by thymol solution, and oakum outer dressing. Twenty-

one major amputations without a death were reported by the lecturer.

THE DEATH OF PROFESSOR GROSS.

Dr. L. A. Sayre, of New York, then presented the report of the special committee appointed to draw up resolutions in relation to the death of Prof. S. D. Gross, as follows:

"*Resolved*, That the members of the Surgical Section of the American Medical Association have received with a sense of profound regret the intelligence of the death of Prof. Samuel D. Gross, of the State of Pennsylvania, one of the greatest ornaments of this Association, and one of the most distinguished teachers and authors in the medical profession of the United States.

"*Resolved*, That the memory of the deceased deserves to be cherished with love and veneration by the members of the medical profession, as that of a man profoundly versed in medical science, and worthy to be ranked with the greatest and ablest of our age and country.

"He had mastered the vast learning of his profession, and the natural kindness of his great and generous heart was such that throughout his long and successful career as a practitioner he was continually experiencing the most intense satisfaction and pleasure in relieving by his science the sufferings of humanity.

"*Resolved*, That these resolutions be entered upon the journal of the proceedings of this Section, and that the chairman transmit a copy to the family of the deceased.

"J. KELLAR, Chairman.

"AUSTIN FLINT, JR.

"LEWIS A. SAYRE.

"R. A. KINLOCH."

The report was adopted by the Section, and the committee discharged with thanks.

A specimen of supposed spontaneous fracture of vesical calculus, subsequently discharged by the urethra, was, by unanimous consent, exhibited by Dr. J. W. S. Gouley, of New York.

"Amputation at the Hip-Joint" was the subject of a paper by Dr. C. A. Wheaton, of Minnesota, in which special attention was directed to the control of hemorrhage. He did not like the abdominal tourniquet, and said that Davy's lever had been followed by peritonitis.

"An Earthy Calculus in the Substance of the Liver" was reported by Dr. W. A. Byrd, of Quincy, Illinois. The patient was a male, aged about 30 years, who had been ill four months, apparently from malarial fever. Supposing it a simple abscess of the liver, Dr. Byrd opened the painful point over the liver. Probing it one day, he discovered the presence of a hard substance, and extracted a calculus weighing one hundred and fifteen grains. Not knowing positively what the origin of the stone was, he requested sug-

gestions as to its nature and mode of development.

A paper entitled "Branchial Cysts of the Neck" was read by Dr. W. Senn, of Wisconsin. After giving a list of the different forms of cysts of the region named, the reader discussed the etiology of the branchial cysts. He gave the views of the origin of the structures held by the leading pathologists, and stated that he believed they usually only contain the products of degenerated epithelial cells, unlike the mucous and dermoid cysts. The treatment by extirpation is really the only sure method, but is sometimes not possible, and in such instances the thick creamy fluid usually found within is to be drawn off, and an attempt made to set up an adhesive inflammation of the walls by means of the injection of irritating solutions, which often require repeating. He agreed with the German surgeons in not expecting much result from injections.

Third Day.—"The Treatment of Hydrophobia, Historically and Practically Considered," was the subject of a paper by Dr. Charles W. Dulles, of Philadelphia, in which the confused ideas of ancients and moderns were discussed. As the paper exceeded the fixed time, the latter portion was omitted.

The chairman read an abstract of his address on "Gunshot Wounds of the Intestines," based upon experiments upon animals.

The treatment he recommended was to cleanse the intestines or omentum, if extruded, with warm water, and return them to the abdominal cavity as carefully as possible; extract the foreign body, if it can be done, bringing edges of cut peritoneum together and stitching them, and finally using continued suture to close outer wound. If resection of bowel must be performed, every endeavor should be made to save the mesenteric portion. He uses interrupted suture of No. 2 carbolized silk after resection, and explained his manner of introducing the suture, which was Lambert's suture, somewhat different from that commonly employed. He found in all his cases that extravasation of the contents of the bowel occurred. He laid down the rule that if no hemorrhage or sign of injury to the bowel occurs after perforating gunshot wounds, the points of entrance and exit will always heal quickly. He claimed that, in the present condition of operative surgery, many cases of severe gunshot injury of the abdomen may and do recover.

Dr. T. F. Prewitt, of Missouri, read a paper in which he reported a case of "Chronic Serous Synovitis of the Knee, with Enormous Communicating Popliteal Bursa extending to Tendo Achillis." In treatment he recommended aspiration, and the external application of iodine, with compression and the application of some form of fixed apparatus.

Dr. E. H. Bradford, of Massachusetts, exhibited some plaster casts and made remarks

upon his special apparatus for treatment of obstinate cases of club-foot. His plan is to perform tenotomy, and then to stretch the foot with the apparatus daily for ten minutes at a time.

"The Entrance of Air into the Veins a Secondary Cause of Death" was the subject of a paper by Dr. George L. Porter, of Connecticut, who thought this accident was a more common occurrence than had been supposed. He gave a careful description of the symptoms attendant upon the condition.

SECTION ON STATE MEDICINE.

DEERING J. ROBERTS, M.D., of Nashville, Tennessee, Chairman; C. W. FRANZONI, M.D., of Washington, D.C., Secretary.

"Sensationalism and Dogmatism in Sanitary Matters" was the title of a paper read by Dr. Henry Leffmann, of Philadelphia.

He pointed out that much unnecessary public alarm has been created by exaggerated statements about the danger of food-adulteration, articles such as glucose and oleomargarine being considered unwholesome, whereas there is no proof that they are so. Many unfounded assertions have been made in regard to the use of baking-powders, especially those in which alum is employed. The experts in water-analysis have also been too prone to use sensational terms, such as "pollution," "sewage-contamination," etc., when there is no evidence that anything more than the term "organic matter" should be used.

A rather lengthy paper was read by Dr. C. H. Von Klein, of Ohio, on "Jewish Hygiene and Diet, from the Talmud and other Jewish Writings, heretofore untranslated."

The second day's session was devoted to the consideration of the chairman's address, and some resolutions which were afterwards brought before the general session.

SECTION ON OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY.

J. F. CHISOLM, M.D., of Baltimore, Maryland, Chairman; J. L. THOMPSON, M.D., of Indianapolis, Indiana, Secretary.

Dr. P. D. Keyser, of Philadelphia, read a paper on "Neoplasms of the Lachrymal Glands," in which he reported successful results in two cases of extirpation of the gland for sarcoma. In one case a second operation was necessary.

The chairman spoke of several cases of malignant disease coming under his observation, two being of enormous size and giving rise to great deformity. In one case a calcareous degeneration had taken place in the gland after sixteen years' growth.

Dr. Burnett, of Washington, said that he believed that all tumors of this gland begin as adenomata.

Dr. Thompson reported a case of recurrent growth, which was found to be scirrhous.

Dr. Seiler thought from the description that it was a case of intercanicular fibroma.

Dr. Williams reported some cases illustrating some difficulty in diagnosis in ophthalmology.

Drs. Keyser and Chisolm reported cases where strabismus due to paralysis of recti had been relieved by division and excision of portion of the muscle.

Dr. S. D. Risley, of Philadelphia, read a paper on "Sympathetic Neuro-Retinitis."

In the discussion, cases of sympathetic disturbance were reported cured without enucleation, by iridectomy; and others by atropine, mercurials, and rest in a dark room.

Dr. Burnett believed that some cases escape detection on account of accompanying opacity of the vitreous.

Dr. Carl Seiler, of Philadelphia, read a paper on the "Use of the Cresson Water in the Treatment of Catarrhal Affections of the Mucous Membrane of the Air-Passages."

At the second session, Dr. J. F. Fulton, of St. Paul, Minnesota, read a paper on the "Influence of Climate on the Treatment of Chronic Catarrh of the Middle Ear." In addition to the usual methods of treatment in vogue, the lecturer advocated the benefits to be derived from a judicious selection of appropriate climate as an important hygienic aid in the management of the case. He regarded a high altitude, with rather dry climate, as particularly adapted to the chronic form of the disease not accompanied by decided tendency to suppuration. On the contrary, a low and moist locality is of service in some cases of chronic otitis media purulenta. The climate of Minnesota seems particularly suitable for the treatment of cases that are found to be intractable under ordinary means. Some of these cases recover under the influence of the climate after living there for a time, without any local treatment whatever.

Dr. Seiler said that in hypertrophic catarrh, with which middle-ear disease is commonly associated, a high and dry resort was to be preferred, and the contrary in the atrophic form.

Dr. Turnbull approved of hygienic treatment, and thought that the mountain-climate of Western Pennsylvania had equal advantages as health-resorts.

Dr. D. N. Rankin, of Allegheny, read a paper on "Epistaxis." After reviewing the history of the pathology of the symptom and present knowledge upon its causes, such as hypertrophies, polypi, vicarious menstruation, hæmophilia, etc., he recommended ergot and astringents, and the actual cautery where the bleeding spot could be found. He, in conclusion, related a series of cases illustrating the value of ergot.

Dr. C. W. Brown recalled a case of epistaxis with the hemorrhagic diathesis in which the bleeding was controlled by ergot. He also had found good results from fluid extract of hamamelis.

Dr. W. H. Daly approved of ergot and tincture of nux vomica, and plugging the nose with cotton.

Cases were reported by others in which cold to the nape of the neck, transfusion of blood, and ligature encircling the thigh, had each been useful.

Dr. W. S. Little exhibited and described "A Combined Visual and Astigmatic Test (Snellen Type), based on the Confusion of Letters of the Astigmatic."

The letters in Snellen's type, as in other letter tests, will exhibit the astigmatic defect, by the way the person tested expresses the name for the spherical and right-angled letters in the test of a given size at a given distance: O is called C or G, F is called P, B is called S, the reverse holding. In simple myopia or hypermetropia, no distortion or confusion occurs, but obliteration of the whole letter of a given size at a given distance.

The test is designed on this distortion of letters, and, after a prolonged use, has been lithographed by J. W. Queen & Co., of Philadelphia, Pa., and is now placed in the hands of the profession for the diagnosis especially of astigmatism, since the distortion of the letters confuses words and renders the obtaining of ideas from reading a great annoyance and extra labor.

The letters most frequently distorted, no matter what the axis of the good or bad meridian may be, in astigmatism, have been selected and formed into a word: under this word are placed the letters of the same word as they are distorted, so that the word itself and letters under it appear alike in each line, and one is taken for the other. FOOL has been taken as the word; under it is placed PCCL.

To give an approximate mathematical expression to the degree of the defect, the letters in the word and on line underneath are graded in size from $D = 18$ to $D = 6$, to be tested at a distance of 6 metres; size of last letter in each line, $D = 6$. At this distance if the whole word is confused an astigmatism of 1 D or more exists, but not decided as to form, whether myopic or hypermetropic; the last three letters confused, 0.75 D of astigmatism exists; last two letters, 0.50 D is present; last letter in each line, 0.25 is observed.

The word COCOON uniform in size expresses same principle: size $D = 9$, tested at 6 metres, an astigmatism of 0.50 D is present if distorted and confused.

The horizontal lines over FOOL and under PCCL enable the axis of the good or bad meridian to be found.

The word NULLIFIED, graded in size from $D = 60$ to $D = 4$, is composed of letters distorted by the astigmatics; can be used to test the range of vision: seen from 4 metres in full, $V = \frac{1}{4} = 1$; as a letter is lost, $V = \frac{1}{2}, \frac{1}{3}, \frac{1}{4}, \frac{1}{5}, \frac{1}{6}$, etc.; at 6 metres in letters above $D = 18$, astigmatism higher than 1 D will be shown.

The word SUFFICIENT, graded in size from

$D = 24$ to $D = 1$, for use in small offices, is composed of distortion letters, and is used also to test range of vision at 1 metre: whole word seen, $V = \frac{1}{24}$; as a letter is lost, $\frac{1}{2}, \frac{1}{3}, \frac{1}{4}, \frac{1}{5}, \frac{1}{6}$, etc. An astigmatism higher than 1 D at 6 metres, S will be called B. The management of the test is same as with Snellen's type.

The astigmatic have characteristic mannerisms by which they can be recognized,—pose of the head, narrowing of the palpebral fissure of the eyelid, selection of patterns in material of costume, carpets, wall-paper, cannot use opera-glasses, microscopes, telescopes. No spherical glasses give relief.

In school, college, and seminary life, and later literary pursuits, it is a great annoyance, also in the arts.

If Greek is to be abolished in colleges, the most potent reason is the inability of the students to recognize the characters of the language on account of the prevalence of astigmatism; same holds for Hebrew, German, and musical score.

In the discussion, exception was taken by several to the statement that a diagnosis of astigmatism could be accurately made without the use of a mydriatic. Dr. Little, in closing, said that he was not opposed to the use of mydriatics when necessary.

Dr. Laurence Turnbull read a paper entitled "A Report on the Diseases of the Ear in Locomotive and other Engineers, Firemen, and Conductors, which may endanger the Lives of the Travelling Public."

Dr. Turnbull introduced his subject by giving an account of his experiments on the perception of musical tones by the human ear, conducted in 1875, and ever since that time, showing that he had found a number of persons who were naturally insensible to sounds above a certain pitch, just as there are individuals who cannot distinguish between different colors. He had examined persons of various occupations from the age of fifteen to fifty-seven: in thirty-two individuals, repeatedly examined, the highest musical tone obtained, in a normal healthy ear not specially trained, did not exceed in any instance a fraction over forty thousand vibrations in a second.

In another class of trained ears, chiefly professional men, some rose as high as fifty, fifty-five, and sixty thousand vibrations. Education of the ear to the recognition of musical tones is as necessary as the training of the athlete. He also discovered that *only one* professional man in fifty had two sound ears, the diseased condition arising from various causes, in some instances of hereditary origin, or diseased from infancy, or later the result of cold, exposure to sea or fresh water received into the middle ear by accident or in bathing. As long as there is one hearing ear all goes well, but as soon as that is attacked, then the individual becomes seriously deaf, and should he be a person in charge of the

lives of others, he becomes unfitted for such a responsible position.

The classes to which Dr. Turnbull's attention has been specially called are locomotive engineers and conductors on steam and ordinary passenger-cars running in and out of Philadelphia. Owing to defective hearing, signal-calls, with voice or bell, are not heard, and collisions have taken place, individuals have been injured, and valuable lives lost.

He also entered at considerable length into the chief causes producing these results, giving details from his own experience and observation, and quoting numerous authorities, such as Profs. Moos of Heidelberg and Hartmann of Berlin. He detailed his efforts to bring the subject to the attention of the presidents and superintendents of the various railroad companies of Pennsylvania, and the adoption of a system of careful examinations by the Pennsylvania Railroad Company, with satisfactory results. He also described the qualifications of engineers, and the proper treatment of such men by the Reading Railroad, of Pennsylvania. He gave the objections to the observations of Moos and others by Dr. Pollnow, of Berlin, who, with Dr. D. Schwaback, tested the employes of the Lower Silesian Railroad Company. These two gentlemen discovered thirty-four men who were more or less deaf, and the results of the test by the watch and whispered voice show, as Moos declared, "*that locomotive engineers and firemen, by virtue of their occupation, sooner or later suffer from an affection of the ear, with diminution of hearing, usually on both sides. The influence of occupation is proved by the fact that the number of those who are deaf increases according to the length of service.*"

Yet he concludes that although these facts prove without the shadow of a doubt that "*disturbance of hearing is very prevalent amongst locomotive engineers and firemen, yet these employes* assured him that they had never noticed any great decrease in hearing, while those who had noticed this decrease for a longer or shorter time declared that it did not in the least incapacitate them for active service.

Being of the opinion that the safety of the travelling public requires that both sight and hearing should be perfect, in order that danger and accidents be avoided or reduced to a minimum, he concluded, by offering the following resolutions:

"*Resolved*, That the American Medical Association recommend to all the railroad presidents and superintendents that they require good hearing on the part of those engineers and conductors on all fast trains in the United States. That the United States government set a public example by examining all their engineers, before taking charge of any steamships of the United States Navy, as to their power of hearing."

The paper was freely discussed, but it was not deemed judicious by the Section to pass any resolutions upon the subject.

Dr. Burnett, of Washington, exhibited a micro-photograph of a section of the anterior portion of the globe of the eye, which was a beautiful preparation.

Dr. Hobby, of Iowa, made a preliminary report upon Causes of Blindness, chiefly statistical, obtained from the College for the Blind in the State of Iowa.

Dr. Little, of Philadelphia, referred to consanguinity in the parents as a cause of *retinitis pigmentosa*, and reported a case in which the father and mother were first-cousins.

Dr. Reynolds had kept records of a series of observations of the inmates of asylums. Fifty per cent. of such subjects owe their condition to a 'purulent ophthalmia during infancy.

Dr. Hobby said that in the case of *retinitis pigmentosa* the parents were related. He did not believe that purulent ophthalmia is as frequent in the West as in the East.

Dr. C. S. Bull read a volunteer paper on the "Artificial Ripening of Cataract." His operation consists in making a large iridectomy, and making pressure subsequently upon the cornea. It was considered applicable only to cases with a dense nucleus. He reported fifty cases, with a large proportion of successful or satisfactory results.

In reply to Dr. Smart, the reporter stated that he had not noticed striation to be caused by pressure on the cornea.

Third Session.—Dr. E. F. Ingalls, of Chicago, read a paper on "Naso-Pharyngeal Fibromata," describing the operation for their removal, and exhibiting an instrument devised by himself for engaging the wire of the snare around the new growth. He gave records of four cases successfully operated upon with either the galvano-caustic loop or the wire snare. He prefers the latter generally.

Dr. J. N. Mackenzie, of Baltimore, read a communication on the Effects of "Chronic Poisoning of the Nose and Adjacent Cavities," in which he described a condition among the workmen in chromic acid not hitherto described. Perforation of the nasal septum was common, and he attributed it to the local corrosive action of the acid; the olfactory region proper is seldom affected, but the Eustachian tube and middle ear were always diseased in the cases he had seen.

In the discussion, the possibility of a syphilitic constitutional state explaining the perforation was also suggested.

Dr. F. H. Bosworth, of New York, reported a very interesting case of "Round-Celled Sarcoma of the Pharynx and Soft Palate," which he had been able to remove, and to cure the patient. He used a modified Jarvis snare. The case and microscopic sections of the tumor were exhibited.

Dr. Roe and Dr. Seiler could not agree

with the lecturer in his remarks denouncing the galvano-cautery, which, if properly used and in appropriate cases, is a valuable method of treating these growths.

Dr. Burnett prefers chemical agents to the actual cautery.

Dr. Uhler, of Maryland, presented some instruments, of crude manufacture but displaying considerable ingenuity, for operations upon the tonsils and naso-pharynx. Their inventor was apparently not acquainted with the resources of modern surgery.

Dr. Ephraim Cutter, of New York, read a paper on the "Physical Causes of Asthma." He considered that the essential element of the affection was the presence of sand in the bronchial secretions, even in the interval of the paroxysms. The disease he regarded as a neurosis due to irritation by this sand, or from various cryptogamic plants, which may be associated in causing the disease.

Dr. E. Carroll Morgan, of District of Columbia, read a paper on "A Variety of Asthma due to Chronic Alcoholism," which he attributed to paralysis of vocal cords of central origin due to chronic alcoholic poisoning.

Dr. O. P. Roe, of Rochester, read a short paper on "Tracheotomy in Young Children," and reported a case where an infant had pushed a piece of egg-shell into its larynx, for which he performed tracheotomy successfully. As the trachea was so small, he was unable to find a tube to fit it, and used instead Martin's method without tubes. Great difficulty was experienced in keeping the wound free from mucus.

SECTION ON DISEASES OF CHILDREN.

WILLIAM LEE, M.D., of Baltimore, Chairman; GEORGE N. ACKER, M.D., of Washington, Secretary.

"The Significance of Bloody Discharges from the Bowels in Young Children" was the subject presented for discussion by Dr. F. Woodbury.

Blood in the alvine excreta of young children is generally considered an alarming symptom, and leads to an urgent appeal for medical aid. The causes are various, and not entirely peculiar to infancy, although generally of more gravity in a child than in the adult, even when the pathological cause is identical.

Bleeding from the bowel is, of course, merely a symptom. *Melæna* is not a synonymous term, because the discharges are not always of a tarry character. When black discharges are due to altered blood, simple dilution with water will bring out the red color of the hæmoglobin: this may be verified by the spectroscope or microscope.

The source of the blood may be gastric or from the upper air-passages, and it may be external,—as where a child nurses from a cracked and bleeding nipple; but the present

consideration is restricted to bleeding from the intestinal canal below the pylorus.

Among the causes may be cited various local conditions of the bowel, which call for careful local examination for their detection. *Venous hemorrhoids, fissure, polypi of the rectum, foreign bodies, traumatism*, various forms of *colitis* (simple and *parasitic*), *worms, intussusception of the bowel*, and *ulcer* were named as possible causes. Congestion of the mucous membrane, either catarrhal or accompanying various visceral disorders (spleen, liver, lungs) or due to portal or umbilical thrombosis, is a very common cause. Some constitutional states may also be assigned as causes. *Hæmophilia* and *purpura hæmorrhagica* are not infrequent causes of bleeding from the bowels in young children. Congenital syphilis has been assigned as a cause, but is only a remote one: it may induce this secondarily through disease of the liver or blood-vessels. Typhoid fever has been assigned as a cause; but, although it occurs sufficiently early in life, it is very rarely attended by hemorrhage in the infant or young child.

Melæna vera, or *melæna neonatorum*, as it has been called, is probably due to congestion of the bowel, and perhaps some associated blood-changes, dependent upon imperfect establishment of respiration. In some cases it is really *purpura hæmorrhagica*.

In conclusion, he reported a case of articular rheumatism in a child eight years of age, accompanied by visceral complication. The symptoms were those of intestinal obstruction accompanied by discharges of blood from the rectum; but no other evidences of intussusception were discovered. The symptoms passed away rapidly under the action of morphia and large warm-water enemata. The patient had an attack of chorea during convalescence.

"Congenital Encephalocele" was the subject presented in a paper by Dr. John H. Duncan, of Kansas City. In the case of a negro infant, seen by him at the age of seven weeks, a tumor was found in the site of the anterior fontanel, which was covered with skin and pulsated. The tumor slowly increased in size, until one day the mother went out, leaving the child with its grandmother; the child cried very much, and the tumor in two days became as large as an orange. The child had nausea. The tumor was ligatured *en masse*, and it was allowed to slough off. The reporter thought that the part removed was principally brain-tissue.

"Diphtheria, based upon an Analysis of One Hundred and Twenty Cases with a Mortality of Seven," was the expressive title of a paper by Dr. J. W. Brown, of New York. It was based upon an epidemic in the country. Of the fatal cases three were killed by the virulence of the disease, and four perished from complications. The affection was looked upon as a constitutional one with a local lesion.

He gave five grains of calomel every three hours until the bowels were freely moved, and gently touched the throat with solution of the persulphate of iron (3j to 3ss each of vinegar and glycerin). He also employed a spray containing only one-sixth as much iron, as a local application, freely used. Internally he gave tincture of the chloride of iron, and chlorate of potassium, and quinine. He purified the air by frequently burning sulphur. He did not recommend lime-water or tracheotomy.

Second Day.—The session was opened by continuing the discussion on Dr. Brown's paper of the preceding evening.

Dr. M. P. Hatfield, of Illinois, next read a paper on "Septic Jaundice in Childhood," and reported a case in which jaundice occurred on the third day of an attack of scarlatina, with high temperature; the child recovered. He could find no case similar to this on record.

Third Day.—"The Feeding of School-Children" was the subject of a short communication from Dr. L. W. Atlee, of Philadelphia, in which attention was called to the improper diet of school-children, who are not so much overworked as they are underfed.

"Enlarged Tonsils, and how they should be Treated," by Dr. Dudley S. Reynolds, of Kentucky, was a paper of more than usual interest. He attributed the tonsillar enlargement to obstruction of the lymph-channels, and declared that it had the same significance as enlarged lymphatic glands in the front of the neck,—it is an evidence of perverted nutrition; 8062 persons out of 9012, of which he had preserved records, had enlarged tonsils, and in 8654 of these the patients lived very largely on food containing artificially-produced glucose, which he claimed is poorly assimilated. Starvation will produce lymphatic enlargement. He advocated hygienic treatment, abstaining from glucose and stewed fruits; frequent bathing, milk, fats, animal food, and out-door exercise. He believed cutting the tonsils, except in rare cases, to be unnecessary and injurious.

"Incontinence of Urine in Children" was the title of a paper by Dr. S. S. Adams, of Washington, District of Columbia. He described the varieties of incontinence of urine: 1, constant dribbling; 2, intermittent incontinence; 3, nocturnal incontinence. Phimosis, calculi, ascarides, hip disease, and other causes were cited. Bromides and belladonna are often useful in allaying irritability.

The last paper before the Section was "Practical Suggestions on the Treatment of the Malignant Forms of Scarlet Fever," by Bedford Brown, M.D., of Virginia. He believed that the malignant features, hyperpyrexia, general prostration, and failure of vital powers, could be relieved by energetic eliminative treatment directed to the skin and the kidneys.

SECTION ON ORAL AND DENTAL SURGERY.

F. W. BROPHY, M.D., of Chicago, Chairman; JOHN T. MARSHALL, M.D., of Chicago, Secretary.

"Caries of the Teeth and its Relations to the Germ Theory of Disease" was the title of a suggestive paper by Dr. George V. Black, of Illinois, in which the pathology of dental caries and its dependence upon micrococci were discussed in the light of recent researches into the etiology of zymotic diseases.

"Importance of, and Treatment for, Assuring Healthy Dentine over Endangered Pulp" was a practical essay by Jacob L. Williams, M.D., of Massachusetts.

Second Day.—"Sponge Grafting" was considered by Edward C. Briggs, M.D., of Massachusetts, with reference especially to operations about the mouth. He believed that it might be useful in some cases of cleft palate.

"The Removal of Stains from the Teeth caused by the Administration of Medical Agents, and the Bleaching of Pulpless Teeth," was considered by I. W. Harlan, M.D., of Illinois, who recommended as bleaching agents peroxide of hydrogen, iodine, and ammonia.

Third Day.—"Overdraft of Nervous or Vital Power as affecting General or Special Health," was the subject of a thoughtful essay by Jacob L. Williams, M.D., of Massachusetts, in which an increasingly important factor in diseased conditions was considered.

"Periodic Hemorrhage from the Gums, associated with Pyorrhœa Alveolaris the Result of Amenorrhœa," was the title of a paper by W. W. Allport, M.D., of Illinois, in which cases were cited in which the menstrual nîsus was accompanied by bleeding from the gums.

UTILITY OF GELATIN-COATED PILLS.—In a communication to the *Philadelphia Medical and Surgical Reporter*, Dr. M. S. French calls attention to the administration of medicines in pilular form, and especially to the advantages possessed by manufactured pills over those prepared in the ordinary manner. The exact dosage of remedies, the uniform composition of the pills furnished by reliable manufacturers, and the convenience of administration of medicine in a tasteless form were insisted upon as important. As an illustration of the perfect protecting power offered by the gelatin coating, he instanced pills of phosphorus made by Schieffelin, of New York, a year ago, but when cut open the pill mass was found to be just as soft as if made only a few days. Some phosphorus pills kept for eight years were dissolved in water, which demonstrated the unaltered character of the phosphorus by becoming luminous in the dark. After using gelatin-coated pills for seven years in his practice, he states that he has found them perfectly satisfactory, and recommends them to the profession.

ORIGINAL COMMUNICATIONS.

UMBILICAL HEMORRHAGE.

Read before the Philadelphia Clinical Society, March 28, 1884.

BY JOSEPH S. GIBB, M.D.

NEARLY thirty-five years ago (July 2, 1849), Bowditch,* in an article read before the Boston Society for Observation in Medicine and the Collateral Sciences, referred to the absence of the subject of umbilical hemorrhage in most of the standard medical works of the day. He quotes a large number of works on General Medicine, Obstetrics, and the Diseases of Children, in which no mention of the subject is made; also a smaller number where the accident is recorded as a trivial affection, none speaking of it with any degree of seriousness.

Three years later, Dr. Francis Minot,† in an ably-written, elaborate article, speaks in strong terms of this neglect, and attributes it to deficiency of observation, rather than to its rarity.

Again, in 1877, Prof. Hennig,‡ in commenting on this fact, says it is an evidence of the carelessness of medical writers in the past, for it is an accident that surely has occurred in all times.

In spite of this, the omission has not been corrected. Having had occasion recently to refer to the subject, I was surprised to find it completely ignored by the standard works of the day. Cazeaux, Playfair, Leischmann, Ramsbotham, Lusk, and others say absolutely nothing about the subject. Simpson§ devotes half a page to it, and says little as to its etiology, pathology, or therapeutics.

Condie|| relates two cases which occurred in his own practice, and mentions treatment.

The best account found, after a prolonged search, was contained in Bedford's Obstetrics.¶ He speaks of its rarity, probable causes, fatality, and gives several references to the subject.

That umbilical hemorrhage is a rare accident is well attested. The records of maternity hospitals, foundling-asylums, etc., speak for themselves. The Found-

ling-Asylum** of Paris admitted in the two years preceding January, 1853, between nine and ten thousand children, and of this number only one case of umbilical hemorrhage occurred. In six thousand six hundred and fifty-four births in the Dublin†† Lying-in Hospital, no cases were noted as occurring. Dr. H. G. Cox‡‡ reports two cases in two thousand at the Emigrants' Refuge, Ward's Island, New York. The experience of the older members of the profession, who have attended many cases of labor, adds additional testimony to the fact that umbilical hemorrhage is a rare accident.

Jenkins,§§§ in 1858, tabulated one hundred and seventy-eight cases of this accident, which are supposed to represent all cases that had been published from 1752 to the date of publication of his article.

Hennig,|||| in 1877, speaks of two hundred and thirty cases, which include those of Jenkins. Keiler,¶¶¶ in 1881, collects two hundred and thirty-six cases, which include all previously collected, with the cases occurring from 1877 to the publication of his own article.

I am able to add five more to this list, making a total of two hundred and forty-one cases of umbilical hemorrhage published since 1752.

The following are the five cases: Dr. Prewitt,*** of St. Louis, reports to the St. Louis Medical Society, in 1881, one case; Dr. W. H. Rouse, Detroit, reports one case in the *Michigan Medical News*, 1881; Dr. Boardman Reed††† reports two cases to the Atlantic County Medical Society, February, 1881. The last is one seen by author, March 2, 1884.

This last case, though lacking in some particulars the regular course of umbilical hemorrhage, will serve as a text. The following is the history:

M. H. was delivered of a healthy female child on the night of February 28, 1884. The labor was rapid and easy. It was followed by a slight post-partum hemorrhage. The mother stated at the time that she always bled easily at the slightest provocation. There was no abnormality observed in child. The

* Bowditch, Am. Jour. Med. Sci., vol. xix., 1850, p. 67.

† Minot, *ibid.*, vol. xxiv., 1852, p. 310.

‡ Hennig, *Handbuch der Kinderkrankheiten—Nabelkrankheiten*.

§ Simpson's *Obst. Works*, vol. ii. p. 423.

|| Condie, *Dis. of Child.*, Phila., 1847.

¶ Bedford, *Priv. and Pract. Obstet.*, p. 429.

** Jenkins, Report on Spontaneous Umb. Hem., etc., Trans. Am. Med. Assoc., vol. ii., 1858.

†† Jenkins, Trans. Am. Med. Assoc., vol. ii., 1858.

‡‡ *Ibid.*

§§ Hennig, *Handbuch der Kinderkrankheiten*, 1877.

¶¶ Edin. Med. Journ., 1880-81, vol. xxvi. pp. 389-393.

*** Prewitt, Umbilical Hemorrhage, St. Louis Cour. Med., 1880.

††† B. Reed, Med. and Surg. Rep., 1881, vol. xlv.

child did admirably, taking the breast with avidity, until 12 o'clock midnight of March 1, or the beginning of third day from birth, when, without evident cause, it began to bleed from navel. When I saw it, half an hour later, the clothing covering it, both front and back, was saturated with blood, as was also the pillow on which it was lying when the bleeding began.

An examination was now made. The cord was found dark and nearly ready to separate. The blood welled up from the umbilical depression and ran in a stream down the abdomen of child. Closer examination failed to reveal any abnormality in neighborhood of umbilicus, or any single point from which the blood emanated. It seemed to simply ooze from umbilical pit.

A ligature was placed around cord as close to abdomen as possible, which seemed to control bleeding; a compress applied; the case was left.

The next morning, at 10 o'clock, the clothing was found saturated with blood, as on previous occasion. The umbilicus filled up with blood as before, still no bleeding point could be isolated. A needle, armed with a double ligature, was now thrust through the base of cord, including some of the tissue around umbilicus, and the cord tied on each side. This again seemed to perfectly control the hemorrhage. A pad was placed over umbilicus, secured by binder, pinned fast. The child was ordered to be placed on pillow, with no covering over umbilicus, save the above-mentioned dressing, so that hemorrhage would be the sooner detected, and, if possible, arrested.

Was again called to see child 4 P.M. of same day (March 2). This time the hemorrhage was much more severe than on either of the previous occasions. The blood showed no inclination to coagulate. It was thin and watery. Previous to this the child had apparently not suffered in general health from these hemorrhages, taking the breast eagerly, kicking about, and manifesting other signs of healthy infant life.

Now, however, she lay perfectly still and motionless on a pillow, in nurse's arms. The face and lips were blanched, extremities cold, pulse feeble, beating 160 and over. Her condition was quite alarming. A solution of the subsulphate of iron was painted over umbilicus, and a pad made of cotton, saturated with this solution, was placed over it, all secured by a tightly-fitting binder.

From this time no further hemorrhage occurred. There were absolutely no other symptoms present in the case, *simply a spontaneous hemorrhage from umbilicus.*

The next day, March 3, the fourth from birth, there was some slight jaundice, not, however, marked; nothing more than we frequently observe in healthy new-born babes. The stools were yellowish; no ecchy-

mot spots, bleeding from gums or other mucous surfaces, were observed, though frequently looked for.

The cord separated entirely the morning of March 4, fifth day from birth, but without any subsequent bleeding.

The hard black mass, consisting of blood and Monsel's solution, dropped out March 6 (seventh day from birth), leaving a clean and perfectly normal-looking umbilicus.

From this date no further symptoms occurred. The child sleeps well, nurses eagerly, bowels are natural in color and consistence, and in every particular is a well and thriving infant.

Though, as before stated, this is not a truly typical case of umbilical hemorrhage, lacking, as it does, some of the minor symptoms, yet it illustrates well the main and important feature of hemorrhage.

Umbilical hemorrhage may be divided into three classes,—viz.:

1. Hemorrhage from improper ligation of cord.

2. Hemorrhage from traumatism.

3. Hemorrhage of spontaneous origin.

The first variety, or hemorrhage from improper ligation of cord, needs but slight comment. It is usually due to carelessness on part of attendant. However, it may occur from a subsequent contraction of gelatinous material, particularly when this is large in amount, after the cord has been properly applied. It is the duty of the medical attendant to examine the ligature a second time after its application, and especially when the jelly of Wharton is in unusual amount.

Hemorrhage from traumatism—the second class—is due to an unnecessary handling of infant. This is most apt to occur before the time of the physiological desiccation of the cord. At this time the coagula in the umbilical vessels are not firm, and hence any undue violence in pulling at cord or shaking infant about may dislodge these coagula and induce hemorrhage. A styptic or ligature at the bleeding point is all that is necessary.

It is the third variety, or spontaneous hemorrhage, which concerns us most particularly, and which will often tax our therapeutic skill to its utmost to control it.

It is rare that we are able to prognosticate, in an individual case, the liability to this accident. Certain symptoms have been laid down by some writers on the subject as premonitory of umbilical hem-

orrhage, but none of them are characteristic, and they may occur in healthy infants or precede other affections. The most constant of the so-called premonitory symptoms is, perhaps, *jaundice*. How common it is to see this symptom in new-born infants who never develop umbilical hemorrhage! Purpura, colicky pains, hemorrhage from other parts, drowsiness, have all been noted as preceding this accident, but, as will be seen, are by no means pathognomonic.

The fact of a hemorrhagic diathesis existing in either parent should make us watchful for the possible occurrence of the same trouble in the offspring. Of all the symptoms given as premonitory, from the nature of the disease, I should regard those of purpura and other hemorrhages as most important. In one hundred and seventy-eight cases collected by Jenkins, symptoms preceded the hemorrhage in thirty-three; in twenty, hemorrhage was the first symptom; in the remainder (one hundred and twenty-five) no premonitory symptoms were noted, the history dating from the appearance of the hemorrhage.

Symptoms and Progress.—Hemorrhage, then, in most cases is the first symptom. (It should undoubtedly be regarded in these cases as a symptom, for it is generally conceded that this form is more than a simple bleeding from the mouths of the umbilical vessels.) It may occur at any time, from a few hours* to eight weeks† after birth. The usual time, however, is about the period of the normal separation of the cord. At first a slight oozing, which is readily controlled by styptics or pressure, it gradually increases in strength and soon becomes quite profuse and uncontrollable. The blood is usually non-coagulable, thin, and watery. It may be arterial, venous, or capillary, though it is a difficult matter to decide its character at the time of bleeding.

Jaundice is a symptom which occurs in quite a large proportion of cases. In Hennig's two hundred and thirty cases it was present in eighty-nine,—forty-six before and thirty-seven accompanying the first bleeding, and always with ecchymosis. It varies in amount from a slight staining of skin to a deep bronze color, being accompanied by clayey stools, dark-

colored urine, and other evidences of deficient hepatic action.

Purpura, ecchymotic spots, bleeding from gums, bowels, or penis, may all be classed under one head,—viz., a hemorrhagic tendency. One or more of these symptoms occur in about the same proportion as that of jaundice.

Etiology.—The causes of umbilical hemorrhage are, in many cases, involved in obscurity. But in a large number there seems to be a direct relationship between the hemorrhage and some constitutional condition of infant, which condition may be either hereditary or congenital.

The hemorrhagic diathesis, or hæmophilia, in my opinion, stands first in the list. Though many persons of this peculiar diathetic condition have perfectly healthy children, still this does not impair the fact that it is a predisposing cause.

But it is not absolutely necessary to invoke the aid of the hemorrhagic diathesis in the parent to establish the existence of this condition in the offspring. Note the symptoms accompanying umbilical hemorrhage: are they not those of some blood dyscrasia? In one hundred and seventy-eight cases there were twenty-six with jaundice, purpura, ecchymoses, bleeding from gums, etc., fifteen without jaundice, but with ecchymotic spots, bleeding from gums, bowels, and penis. In nine cases there was a distinct hereditary transmission of the hemorrhagic diathesis from the parents, and several of these had lost children from other manifestations of this diathesis. In the original case herein reported the mother was a so-called "bleeder." With this evidence before us, it is impossible for us to deny to the hemorrhagic diathesis a first place in the agencies that bring about this accident. And this is not all. See the fatality of this apparently trivial accident. Do we find so large a percentage of deaths in hemorrhage from other causes?

And why is it so large in this? Simply because of the weakness of the walls of the blood-vessels and the non-coagulability of the blood.

Jaundice, as an etiological factor, has been the favorite ground of nearly all writers. It is said, in consequence of deficient hepatic action and choking of biliary ducts, the bile finds its way into the blood, which, by inducing a condition of cholesteræmia, deteriorates that fluid, rendering it less plastic. Unfortunately

* Jenkins.

† Ibid.

for this theory, it has not been supported by the records of the post-mortem examinations that have been made, for in a comparatively small percentage was there any structural change in liver or its ducts found.

In a few cases the infantile blood has been impaired by the syphilitic or scrofulous taint.

Various other conditions have attracted attention as causes, such as excessive use of alkalies by pregnant women for dyspepsia, insufficient food, and the inevitable maternal impressions.

Of all these, interest undoubtedly centres in the two conditions,—viz, hemorrhagic diathesis and jaundice. Now, the question arises, do they both depend on the same state of affairs for their existence? and, if so, what is this condition? Or are they to be regarded as separate and distinct entities, each exerting their baneful influence?

They are found existing together in about the same proportion of cases of umbilical hemorrhage.

Does the circulation of biliary salts in the blood, by its deteriorating influence, induce a state of affairs simulating hæmophilia, or is hæmophilia the disease of our little patient, jaundice merely being an indication that the liver is not receiving its proper healthy pabulum and hence refuses to carry on its function properly?

It will require much more investigation than has been given to the subject in the past to determine these points.

At present we are obliged to admit several etiological factors in the production of umbilical hemorrhage.

Sex.—There appears to be a predisposition on the part of the male sex to the occurrence of umbilical hemorrhage. In one hundred and fifteen cases which I have been able to collect where the sex was mentioned, there were seventy-six, or nearly sixty-seven per cent., males, and thirty-nine, or nearly thirty-four per cent., females.

Morbid Anatomy.—Unfortunately, the morbid anatomy and pathology of umbilical hemorrhage are in a very crude state, and hence very unsatisfactory. The meagreness of autopsies, and absence of details in those that have been made, render it impossible, at present, to arrive at any satisfactory conclusions.

In one hundred and forty-nine deaths

there are records of but twenty-one autopsies, and of these but few complete. Most writers have confined their description to the condition of the umbilical vessels. We have the umbilical arteries and veins pervious in nine cases. The veins were closed in seven; the arteries in four. Ductus arteriosus pervious in one case, closed in three, two of which were incomplete closures. Ductus venosus closed in one, incompletely so in another. Foramen ovale open in four, incompletely closed in one. In one case all vessels were found pervious, and pus and clots adhered to the tunica intima of veins.* In another case all vessels were closed. This one died on fourth day.†

The only conclusions that can be drawn from this record of unusual patency of the foetal vessels is a non-coagulability of blood and weakness of walls of vessels. It certainly does not prove that the disease lies in these foetal structures; rather, on the contrary, that it is in the blood.

The condition of the internal organs has been examined in several cases, but the information obtained has been so lacking in uniformity that, here again, no positive deductions can be drawn. The interest, to all observers, has appeared to centre in the liver as the probable seat of this trouble. In six cases this organ was perfectly normal in size, color, and consistence. Where there was abnormality in organ noticed, it was variously described as deep bronze, very solid, dark-colored, and friable, ecchymotic, and reddish-brown. The cystic and hepatic ducts were pervious twice and impervious in three cases. Gall-bladder empty and largely distended each in two cases.

The surface of internal organs was stained a deep yellow in a number of cases, and also ecchymotic spots well observed in liver, stomach, and colon in several. One observer, noting the condition of blood, describes it as fluid.

Prognosis.—The prognosis of spontaneous hemorrhage from the umbilicus is terribly grave. The mortality has been enormous. Keiler, in two hundred and thirty-six cases, reports but thirty-two per cent. of recoveries; Hennig, in two hundred and thirty cases, eighty-three per cent. of deaths.

* M. Thore, Virg. Med. and Surg. Journal, October, 1853, p. 55.
† Bowditch.

The fatal termination may occur at any period after the commencement of bleeding, from one hour to the eighth week. I have succeeded in collecting ninety-four cases where the time of death has been stated after the first bleeding. Forty-seven, or fifty per cent., occurred within the first forty-eight hours,—twenty-five of these in the first twenty-four, and twenty-two in the second twenty-four hours. The third day there were thirteen deaths; the fourth day, seven; the fifth day, six. After this the seventh and fourteenth days appear to be the favored fatal periods; in the former there were six, in the latter four.

The earliest recorded fatal termination which I have been able to find is one hour* after the first appearance of hemorrhage. In this case the hemorrhage was distinctly stated as arterial, and emanated from left side of cord, at its attachment. The child was exhausted when first visited by physician. The hemorrhage began on the fourth day from birth.

The latest recorded fatal termination was the seventh week† from birth. The hemorrhage began on the eleventh day. It was accompanied by icterus, purpura, etc. It was described as a steady oozing. Styptics, ice, and compresses failed to control bleeding, which was finally accomplished by the ligature *en masse*. However, the child continued to sink, and died at the above-stated time in a purpuric state.

These few examples will illustrate the frightful mortality of this spontaneous bleeding from navel, and the terrible nature of the disease with which we have to contend. It has baffled medical skill in the past, and will continue to do so until the true nature of the affection is accurately known, and our therapeutic resources are used against umbilical hemorrhage, not as an *accident merely* to the newly-born, but as a symptom of a grave and frightful constitutional malady that yearly adds its quota to the death-lists.

Therapeutics.—The therapeutics of spontaneous umbilical hemorrhage has been directed in the past to simply controlling or endeavoring to control the hemorrhage by local measures, in spite of the well-known fact that it was not simply a local trouble with which medical men had to deal. There are some noteworthy excep-

tions to this rule, among whom may be mentioned Dr. Minot,‡ of Boston, who says, in commenting on this fact, "The internal use of astringents and tonics appears to me to have been too much neglected in the treatment of these cases. . . . We employ such remedies in purpura hæmorrhagica, in scurvy, and other hemorrhagic diseases of adults: why should they be omitted in a disease so similar in its character in infants?"

I would not wish to be understood as advocating an internal treatment for the correcting of a hemorrhagic condition, to the exclusion and neglect of local measures. Such reasoning would, on the face of it, be fallacious and absurd. To my mind, the true theory of the treatment of umbilical hemorrhage is a combination of local measures—styptics, compress, and ligature—with those internal hæmostatics and tonics which experience has proved to be of value in similar hemorrhagic conditions,—ergot, acetate of lead, sulphuric acid, tinct. ferri chlor., and many others of like nature.

Of the local styptics, all have been tried and all have failed: however, they should be resorted to first, for they create less alarm in the mother and are sometimes of value.

The ligature *en masse* is perhaps the most rational method of controlling the bleeding. But it is best not to be too sanguine of the success even of this radical measure of relief; for the blood sometimes wells up from the umbilical depression with no visible bleeding-point, hence it is difficult to determine from whence the bleeding emanates. It may arise from a source deeper than our ligature encloses. This may possibly explain the non-success of this treatment in some cases.

All that can be expected of local measures is a transient cessation of the hemorrhage, so that internal medication may be carried out and the blood improved in its character.

It has been recommended that women who regularly give birth to children who have umbilical hemorrhage should, during their pregnancies, abstain from the use of alkalies, and substitute for them the mineral acids and tonics.

I would remark, in closing, that it is to be hoped that future generations may have

* N. Y. Journ. Med., July, 1855, Stephen Smith.

† Lond. Med. Times, April 3, 1847, Dr. Olliffe.

‡ Amer. Journ. Med. Sci., vol. xxiv. p. 318, 1852.

a more wide-spread knowledge of this neglected, rare, and fatal disease. The only way this can be accomplished is by us, as individuals, making a careful study of each case as we meet it, and then giving to the world the result of our individual experiences. We all stand on a footing in the knowledge of this affection, and hence need not be anxious lest we are making too much of a commonplace affair.

NOTE.—To the elaborate paper of Dr. Conent Jenkins, read before the American Medical Association in 1858, I am indebted for many valuable references; and particularly would I commend the statistics, which have been of incalculable value to me in the preparation of this paper.

The following additional references may be useful to those wishing to inquire further into the particulars of umbilical hemorrhage:

- London Medical Gazette, vol. xliii. p. 428, Mr. Story.
 Ibid., p. 425, March 9, 1849, Ray.
 Ibid., vol. xiv. p. 755, May, 1850, Manly.
 Boston Medical and Surgical Journal, vol. lviii. p. 22, February 4, 1858, Greene and Page.
 Ibid., vol. liii. p. 109, September 6, 1855, Gould.
 Ibid., vol. xii. p. 440, January 2, 1850, Anderson.
 Ibid., 1849, Bowditch.
 London Medical Times, vol. xxi. p. 449, June, 1850, Amyot.
 Medical Times and Gazette, March, 1854, p. 287, Willing.
 Monthly Journal of the Medical Sciences, July, 1847, Simpson, Edin.
 Ranking's Abstract, No. 6, p. 270, Keiler.
 Western Lancet, September, 1853, p. 552, Gage.
 Gentleman's Magazine, London, April, 1752, p. 172.
 Medical and Chirurgical Transactions, vol. xii. p. 183, London, 1822.
 Northern Journal of Medicine, vol. i. p. 237, Edinburgh, 1844.
 London Medical Times, vol. xvi. p. 116, April 3, 1847.
 New Jersey Medical and Surgical Reporter, vol. i., 1848, Marsh.
 New York Annalist, vol. ii. p. 189, Cock.
 New York Journal of Medicine and the Collateral Sciences, New Series, vol. xv. p. 73, July, 1855, Stephen Smith.
 Virginia Medical Journal, 1855, Otis.
 American Journal of the Medical Sciences, 1850, Bowditch.
 Ibid., 1852, Bailey.
 British and Foreign Medico-Chirurgical Review, vol. ii., 1860, p. 151, vol. ii., 1861, p. 554, Jackson.
 British and Foreign Medico-Chirurgical Review, vol. ii., 1867, pp. 480-485, Sedgwick.
 Medical Times and Gazette, vol. ii., 1855, p. 451, Smith.
 Ranking's Abstract, vol. i., 1867, p. 354, Simpson.
 Edinburgh Medical Journal, 1880-81, vol. xxvi. pp. 389-393, Keiler.
 Underwood, Diseases of Children, vol. ii. p. 89, London, 1789.
 Cheyne, Diseases of Children, Edinburgh, 1801, Essay II., p. 89.

841 NORTH SIXTH STREET.

ERGOTIN IN VESICAL PARESIS.

A CASE OF PARESIS OF THE BLADDER OF SEVENTEEN YEARS' STANDING ENTIRELY RELIEVED BY TREATMENT WITH ERGOTIN.

BY R. B. HAMM, M.D.

MR. B., a telegraph operator, aged about 35 years, of good family history, etc., came to me suffering from paresis of the bladder, which he stated was of seventeen years' standing. On examination, I found elastic stricture of the membranous portion of the urethra and a subacute cystitis. I also learned that,

through negligence and from the nature of his occupation, he very frequently allowed his bladder to be overdistended for a period of four or five hours.

He had for many years been variously treated by vesical injections and internal remedies, without effect. He was unable to void his urine, even the least portion of it, without the aid of a catheter. Thus the case came to me to be treated.

My first step was to gradually dilate the stricture until I was able to introduce a sound (No. 32, French scale), and by administering internally $\frac{1}{16}$ gr. sulphate of strychnia and $\frac{1}{4}$ gr. ext. of belladonna t. d. About every six hours I instructed him to attempt to urinate, and at least twice daily to completely empty his bladder with the catheter. At the expiration of about three weeks I could find no noticeable improvement in his condition. I then added to my former prescription ergotin 1 gr., and in several days I noticed a very marked improvement. I continued the ergotin treatment, and day by day I found him able to void more urine, until, about two months after I first began using ergotin, he could completely empty his bladder without the aid of the catheter. The subacute inflammation also disappeared after a few days of this treatment.

In a late article, Dr. Grimm advocates the use of ergotin in paresis of the bladder. In my opinion, this case goes to support the theory advanced by him. I think that the remarkable and rapid cure effected in the case I have mentioned was due chiefly and entirely to the use of ergotin. There is no question in my mind but that it is the best remedy for subacute cystitis extant.

GREENSBURG, PA., April 29, 1884.

THE PROXIMATE PROTEID CONSTITUENTS OF THE WHITE OF EGG—A PRELIMINARY NOTE.

BY EDWARD T. REICHERT, M.D.,

Demonstrator of Experimental Therapeutics, University of Pennsylvania.

FOR many years the white of egg, after being freed from its membranous net-work, was considered to be an almost pure egg-albumen; but the comparatively recent researches of Lebonte and Goumoens (*Journ. de Pharm.*, 3 s., xxiv. 17) and Scherer show that this belief is not

true. Lebonte and Goumoens found that the white of egg is a mixture of two albuminous bodies, one being soluble and the other insoluble in glacial acetic acid, while Scherer observed that if a small quantity of acetic acid were added to the white of egg to neutralization, and the mixture diluted with a large amount of water, a flocculent precipitate occurred; that the precipitate was soluble in a small quantity of potassic nitrate or sodic chloride, and that these solutions were coagulable.

Recent researches of my own go a step beyond this, and determine that the body which is insoluble in acetic acid is a *globulin*. I have, moreover, made the very remarkable discovery of the existence of a third albuminous constituent in the white of egg, which possesses the extraordinary property of not being precipitated in weak alkaline solutions by mercuric chloride. This body is no doubt a *PEPTONE*, since it gives the Xanthoproteic and Millons reactions, and is not precipitated or coagulated by boiling, nor precipitated by strong nitric acid, carbonic acid, sodic chloride, cupric sulphate, or ferric chloride. It is precipitated by tannic acid. There seems to be still another proteid present which is not coagulated by boiling, unless the solution has been previously neutralized, and which is precipitated by strong nitric acid and mercuric chloride. The dialysate of the white of egg gives the Xanthoproteic reaction.

The existence of a peptone in the white of egg is doubly interesting, since this is only the third peptone ever discovered as existing as a natural constituent of a secretion,—the first having been discovered in milk, and the second by Dr. S. Weir Mitchell and myself as existing in the venoms of various snakes.

These results are of such importance that I have felt justified in announcing them in advance of the completion of the study of these bodies.

TRANSLATIONS.

ACUTE NECROSIS OF THE TESTICLE.—A boy, 14 years old, after a chill attributed to a wetting, presented himself with an acute painful swelling of the left testicle to Dr. Maas's clinic at Würzburg. He denied traumatism, and there was no

evidence of associated disease, either gonorrhœa, parotiditis, or lung-affection. After treatment by ice, the testicle shrank to the size of a pigeon's egg; it had a hard consistency, and the spermatic cord was thickened. Believing tuberculosis to be present, the testicle was removed. Microscopic examination discovered thromboses in the vessels, especially in the spermatic artery at the location of the body of Highmore. The glandular epithelium and cells of the connective tissue of the testicle were microbotic. The reporter believes the etiology of necrosis of the testicle to be due to (1) a thrombosis consecutive to injury; (2) thrombosis of the pampiniform plexus, and (3) the subsequent disturbances of the blood-circulation. Castration offers a more rapid relief than any other treatment.—*Breslauer Aerzt. Zeitschrift*, 1884, No. 2; *Centralblatt für Chirurgie*.

PULSATING EMPYEMA.—M. Féréol reported a case of pulsating empyema of the left side before the Société Médicale des Hôpitaux. Resection of the ribs was practised, and the patient recovered. The reporter attributes the pulsatile character in such effusions to the presence of a certain amount of gas in the chest, which transmits the cardiac motion, as in the drum of a registering apparatus: pulsating empyema, therefore, is an empyema with pneumothorax.—*Le Progrès Médical*.

IODINE PREPARATIONS AND QUININE.—Rabuteau, in a communication to the Société de Biologie, called attention to the occurrence of disagreeable symptoms in the digestive organs and nervous system from the combined administration of iodide of potassium and sulphate of quinine. He insists that twenty-four hours should elapse between the administration of an iodide and the quinine sulphate. He also warns against the use of quinine during the menstrual period, as it sometimes gives rise to severe symptoms.—*Deutsch. Med. Zeitung*, No. 16.

EPILEPSY TREATED BY ENEMATA.—Dr. Amblard, in two cases of epilepsy, administered bromide of potassium and chloral (3jss of each) in two injections, and found it to stop almost immediately the convulsions. He considers that this method has especial advantages.—*Revue Thérapeutique*; from the *Montpellier Medical*.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, MAY 17, 1884.

EDITORIAL.

PROF. SAMUEL D. GROSS.

"ALTHOUGH I may not be able to say, '*Non omnis moriar*,' I trust that I have not lived wholly in vain." So spoke the great surgeon upon the occasion of the complimentary dinner tendered him in 1879, in commemoration of his fifty-first year in the profession. Now that his great career is completed, he might truly say, without any reservation, "*Non omnis moriar*." Born when the nineteenth century was young, he witnessed and shared the wonderful developments of science and civilization that make the age we live in the marvel of all time. Within the limit of the life-history of Dr. Gross has medicine begun to assume a sound scientific foundation, and with his indomitable perseverance, indefatigable toil, and sublime devotion to his ideal he was enabled to contribute more than any other man in this country to the present high standing of medical science. The possession of genius he ever disavowed, and repeatedly claimed that if he had any genius at all it was a genius for hard work, seeming unconscious that the great gift itself is "the power of taking infinite pains." He said on the occasion above referred to that, like Sheridan when he made his maiden speech in the House of Commons, he "felt that it was in him and must come out of him." And how much has come out of him let the future historian of American medicine or of modern surgery endeavor to declare in fitting terms. We cannot. Great heart no less than great mind, his departure is a national affliction, and even the children mourn for him. Nor could he have died at a more fitting time: out-

living by a decade the allotted span of existence, he enjoyed the plenitude of his exceptional powers to the end. At the time that the President of the American Medical Association was in his annual address eulogizing him and speaking words of loving sympathy for him in his weakness, the great soul passed away in peace with God and man.

THE AMERICAN SURGICAL ASSOCIATION.

THE meeting at Washington was very successful, if the aggregate of members in attendance, and the number of communications presented, may serve as a criterion of success. During the three days of the session some thirty essays were read, all requiring labor and much thought in their preparation. It is scarcely necessary to say that in the brief time permitted for discussion it was impossible to do justice to them. This difficulty was foreseen by the founders of the Association, and the Constitution expressly provides that no more than two papers each day shall be read and considered. It is true that the annual volume of Transactions will be much larger than if the Constitution had been strictly complied with, but if the Council or Committee of Arrangements were to provide that all papers presented shall be read in abstract, except the constitutional number, these to be selected by vote of the Association, the time and patience of the members would be less taxed, and the proceedings would not be under such high pressure as they have been. The serious illness of Prof. Gross, founder and ex-President of the Association, was the occasion of general regret, and a resolution of sympathy was telegraphed to the distinguished surgeon in Philadelphia.

The officers elected for the ensuing year are William T. Briggs, M.D., of Nashville, Tennessee, *President*; J. D. Hutchinson, M.D., of Brooklyn, New York, E. H.

Gregory, M.D., of St. Louis, Missouri, *Vice-Presidents*; J. R. Weist, M.D., Richmond, Indiana, *Secretary*; John H. Brinton, M.D., Philadelphia, *Treasurer*; J. Ewing Mears, M.D., Philadelphia, *Recorder*; Henry F. Campbell, M.D., Hunter McGuire, M.D., P. S. Conner, M.D., J. S. Billings, M.D., *Council*. The Association decided to meet again at Washington in 1885, on the last Tuesday in April, to remain in session four days. J. S. Billings, M.D., is Chairman of the Committee. The meeting of the American Medical Association upon the day selected for the next session will probably cause the Council to advance the day selected or to defer it one week, so that the members can attend both meetings.

WHOLESOMENESS OF CANNED FOODS.

THE immense development, of late years, of the canning industry, by which soups, fish, meat, vegetables, puddings, and fruits in great variety are preserved in convenient form, and the consequent universal employment of canned articles of food in camp and ship and home, attract general attention to a discussion of their wholesomeness. Cases have appeared in the public prints of sickness following the use of canned goods and apparently justly attributable to their use. Public interest having thus been excited, chemists and sanitarians have taken it up for investigation, and a number of communications have appeared recently upon the subject. One of the latest utterances, and probably by one whose opinion is most worthy of serious attention, is that of Prof. Attfield, contained in a paper read before the Pharmaceutical Society of London. After repeated examinations, chemists have found that the metallic impurity present, if any exist, must be some compound of tin; but Prof. Attfield declares it to be his opinion that such a solu-

tion of the tin and consequent admixture of a possibly assimilable compound of tin with the food never occurs to an extent which in relation to health has any significance whatever. The occurrence of tin, not as a compound but as the metal itself, is, if possible, still less important. During the last fifteen years he has frequently examined canned goods, and has found tin or other foreign metal, where it exists, to be present only in such small proportions as to be unworthy of serious notice. Before the proportion of tin could attain to a dangerous quantity the food would have such a metallic taste as to be rejected by any sane person.

Where poisoning has occurred it has probably been due to putrefactive or other changes in the food itself, due to a defect in the can, or taking place after the can is opened. The practical lesson is to smell and taste the contents of a can when it is opened, and to reject them if they have a metallic taste or are undergoing putrefaction; and it is also recommended that the whole of the contents should at once be turned out of the can when first opened. With these precautions, canned food can be enjoyed without apprehension as to the consequences.

REORGANIZATION OF THE POLICE FORCE.

DR. M. F. FRENCH, who was appointed Police-Surgeon by Mayor Smith, has been engaged for several weeks in making an examination and report upon the physical condition of the members of the police force, in order to determine the ability of each man to perform his duties. It is the design of Mayor Smith to establish military discipline in the police force, to appoint men on account of personal fitness, to retain them during good behavior, and to pension them after faithful service if injured while in the performance of their duties. It is not

without significance that one poor fellow, fearing that he would not pass the examination and would thus lose his place, committed suicide. We are informed that district police-surgeons will be appointed by the Mayor, who will receive a small salary from the city, and who will attend emergency cases at the several station-houses night or day. In this way the city may finally possess a night medical service, which has been so long needed.

NOTES FROM SPECIAL CORRESPONDENTS.

LONDON.

MR. EDITOR.—When I promised to report to the *Medical Times* what I saw that was novel and striking, in a medical point of view, in London, I had no idea that I should see so much, or that my time should be so occupied that I should be obliged to content myself with merely a brief description of it. In view of the revival, or rather adoption, of antiseptic surgery, which had been already introduced into the leading hospitals in Philadelphia before I left home, perhaps it would interest your readers to hear something of the present status of asepsis in London. Let me state first that I have seen the service at St. Thomas's, Guy's, St. Bartholomew's, The Royal Samaritan, and The Soho Square Hospital for Women pretty thoroughly, so that the observations I have made are general, and not applicable to any one hospital. Taking Listerism as a system, the first point worthy of notice is about the use of the spray. This is rarely used in general surgery in Philadelphia. In public and private practice it was principally used in cases of abdominal section, though not universally, when I left Philadelphia. Here in London about three-fourths of the hospital operations are done with the spray. In fact, it is used in nearly all cases where the wound is not already in a septic or foul condition. If the wound be septic, as, for example, a suppurative sinus, or something of that nature, communicating with the external atmosphere, the parts are freely mopped with a solution of chloride of zinc (forty grains to the fluidrachm), a strong solution of carbolic acid, or a solution of corrosive sublimate. The utmost care is taken to prevent and check hemorrhage, the practice being to take up each bleeding point with a Billroth or Spencer Wells artery forceps. For small vessels, the pressure of these forceps is generally sufficient to control hemorrhage in a few seconds.

Catgut is going out of fashion, the general feeling being that it is unreliable. Some operators are using silk-worm gut in its place, but the majority prefer pure white aseptized silk. Wire is rarely used for sutures, silk thread being preferred. I should say that more than half use the Lister dressing in all its details, though many men discard it, as, for instance, Mr. Bryant, of Guy's, whose book is so well known in America (a new edition of which, I notice, is to appear shortly). A great many surgeons use dry dressings of Lister's gauze without the protective and moist gauze. Others use cotton or wool, previously aseptized with carbolic or boracic acid or corrosive sublimate. Dry dressings seem to be very much in favor, and I think there can be no doubt that corrosive sublimate will eventually supplant carbolic acid. Some use wet dressings of corrosive sublimate, the average strength of the solution being one part in a thousand. Others use dry dressings with iodoform. All make use of some germicide. English instruments are crude and bulky, and lack the finish and workmanship of American tools. Besides, in comparison they are expensive. Whether or not one believes in the germ theory,—not as to whether germs exist or not, for that is already well proved, but as to whether they play the part attributed to them by Sir Joseph Lister and his earnest followers,—the fact remains the same, that since its adoption surgery has been revolutionized, new domains opened up for it, and operations rendered safe and justifiable and good results obtained from them which were formerly deemed ill advised or necessarily fatal. Among some of these triumphs of surgery which I witnessed in London, all done under the fullest antiseptic precautions, were two removals of the uterus; opening the knee-joint and wiring the patella for fracture of that bone; eight abdominal sections for removal of ovarian or other growths; and a nephrectomy and the incision and external drainage of a perinephritic cyst. Though some of these cases are still under observation, none have died; in fact, all are doing, and have done, well. Mr. Knowsley Thornton, the successor of Sir T. Spencer Wells, told me that since he had succeeded Sir T. Spencer Wells at the Royal Samaritan Free Hospital for Women he had performed seventy-five ovariectomies in two years' time, and that although two were cases of twisted pedicle, and two were complicated with pregnancy,—one woman miscarrying on the fifth day after the operation, and the other one going on to full time and giving birth to a living child six months after the operation,—he had not had a death. He attributes his success to the use of the *spray* and full Lister precautions and dressings. No operator in Philadelphia has had such success as this. Indeed, Dr. Goodell, who has recorded more

cases than any other operator, has had an unfortunate fatality with his cases, as compared to such a brilliant record as this. My own limited experience has led me to prefer solutions of corrosive sublimate to carbolic acid. So far as I know, I first used it in hospital practice in Philadelphia, first as resident under Dr. Gross at the Jefferson, and afterwards under Drs. Morton and Levis at the Pennsylvania Hospital. At both hospitals, with the permission of my chiefs, I used a solution of 1-3000, and obtained excellent results. I was very much criticised and laughed at for doing it. Therefore I am very glad here to be able to record the experience of so eminent a surgical authority as Sir William MacCormac, who, speaking of his own experience at St. Thomas's Hospital, where he used a solution fifty per cent. stronger, says, "The results have been satisfactory, and no poisonous or disadvantageous results have been observed." He now uses as a dressing bags of gauze, prepared with the following solution:

Corrosive sublimate, grains x or parts 10.

Alcohol, f℥ix et f℥ii, or parts 4440.

Glycerin, f℥i et ℥xx, or parts 500.

These bags contain a substance called pine wool, which is really pulverized pine wood, capable of absorbing twelve times its weight of water, and previously steeped in a one-half per cent. solution of corrosive sublimate. This dressing is applied dry. He uses silk sutures, which are prepared by being boiled for one hour in a one-half per cent. solution of corrosive sublimate; sometimes catgut, which is immersed for twenty-four hours in a one-half per cent. solution of corrosive sublimate, and preserved in alcohol. The sponges are kept constantly in a one-half per cent. solution of corrosive sublimate. This form of asepsis was first inaugurated at the Dresden Civil Hospital. As to the use of the drainage-tube, the tendency is to omit it unless there has previously been a great deal of suppuration, or, from the nature of the case, much suppuration is apprehended. In a case of removal of the uterus, by Sir William MacCormac, I saw the patient a week after the operation, when the stitches were removed, and the dressing, which had not been changed since the operation, was not even soiled. Union by first intention had apparently taken place. The temperature had never risen above a hundred, and the patient had never complained of pain. In the hospitals where asepsis is thoroughly carried out, pyæmic complications are almost unknown, and even traumatic fever as the result of operative procedures is rare. Professional opinion is about equally divided as to the use of chloroform or ether. Whichever is given is generally administered by the Clover apparatus. The number of ovariectomies to be seen in London strikes an American as very strange. For example, on

Wednesday, at the Royal Samaritan, I saw Dr. Bantock operate. He used the spray and silk-worm gut for ligatures and sutures. For a dressing he sprinkled the wound with iodoform, and applied a thick layer of cotton prepared with boracic acid. Immediately following him Mr. Knowsley Thornton operated. He used the spray and asepticized silk for ligatures and sutures, controlling a general oozing from the abdominal parietes, to which there were extensive adhesions, by the application of a very strong solution of perchloride of iron. He used the full Lister dressing. On Thursday, at the Soho Square Hospital for Women, I saw Mr. Heywood Smith operate. He used the spray silk for ligatures, and wire sutures, as a dressing dry asepticized lint (boracic acid). Immediately following him Dr. Carter operated. The spray was not used, but had been going in the room for several hours before the operation. He used silk for ligatures and wire for sutures, and the same form of dressing. In a case I saw Mr. Thornton do, I saw a beautiful specimen of varicose veins lying upon the inner wall of the cyst. In a case of this kind it is easy to understand how syncope or even death might result from hemorrhage into the cyst coming from a rupture of a vessel such as this one was. In other branches of uterine surgery the Londoners are far behind their American cousins. All the operators I have seen went about the repair of vesico-vaginal fistula and laceration of the perineum in what would be called at home a very clumsy way. They apparently have not as yet comprehended the fact that a cervix uteri may be torn. They called it hyperplastic enlargement, and, instead of doing Emmet's operation for its repair, they use the hot iron and powerful astringents and caustics. I am afraid I have already trespassed on the space in your valuable journal, and, as I have detailed the most of interest that I have seen, I will bring my letter to a close.

Yours truly,

CHARLES MEIGS WILSON, M.D.

NEW YORK.

AT the adjourned meeting of the Medical Society of the County of New York, April 7, Dr. David Webster, chairman of the Committee on the Collective Investigation of Disease, read a report upon the replies received regarding intestinal obstruction. The following is a brief summary. Fifty-one cases had been reported. In forty-seven of the cases there was total obstruction of the bowels; in twenty-four there was no stercoraceous vomiting, and in one there was only nausea. There was absence of obstinate constipation in three cases. Twenty-one of the patients recovered. In nine cases the

abdomen was opened for the relief of the obstruction, two of which recovered and another might have recovered had it not been for the imprudence of the patient. The age was reported in thirty-one cases: seven were five years of age or under; one between five and ten; one between ten and twenty; eight between twenty and thirty; five between thirty and forty; two between forty and fifty; six between fifty and sixty; one seventy-five years of age. In thirty cases the sex was reported,—twenty-two being males and eight females. In sixteen cases the obstruction was demonstrated by autopsy or operation. Peritoneal adhesions were present in eleven cases; twists of the gut in two; stricture in one; invagination in one; impacted feces in one. On account of the urgency of certain other business, the discussion of the report was postponed until a future meeting.

The Society then adopted resolutions opposing the passage by the Legislature of a bill to incorporate a certain school of midwifery, on account of the objectionable manner in which it was framed. The discussion which took place on this and on a previous occasion when the subject of licensing midwives came up before the Society seemed to indicate that the majority of the profession of the city are opposed to it.

At the Pathological Society (April 23), Dr. Northrup presented the lungs of a child which was taken suddenly with symptoms of dyspnoea and died five hours later of asphyxia. At the autopsy it was found there had been rupture of an enlarged bronchial gland into the eroded trachea and occlusion of the right bronchus. The left lung contained only a few tubercles. Dr. Northrup also presented two lungs in illustration of the common difficulty of distinguishing, by the gross appearances, between simple diffuse broncho-pneumonia and pneumonia with tubercles. Dr. Ferguson presented a specimen of thrombosis of the right vertebral artery which had caused death. He also presented the uterus with a number of large myo-fibromata removed post mortem. Dr. L. A. Sayre presented the vertebral column of a man who had been for years paralyzed from disease of a number of the dorsal vertebræ, was later relieved by wearing a plaster-of-Paris-jacket, and finally was cured and acted as orderly in several hospitals. Death finally took place from another affection, and there was found complete solidification of the diseased bones and absorption of three of the vertebræ. The patient had been treated by his son and another gentleman. It was the only instance in which he had had an opportunity to make a post-mortem examination in a case of spinal disease treated by this method. Dr. Carpenter mentioned a case of paralysis of the lower extremities from old spinal disease, in which the patient effected a cure with solidifi-

cation of the vertebræ by self-suspension, having gotten the idea from Dr. Sayre.

Dr. A. Jacobi read a paper at the Obstetrical Section of the New York Academy of Medicine, April 24, entitled "The Medicinal Treatment of Membranous Group."

Commissioner Raymond has issued an order prohibiting the manufacture and sale in Brooklyn of candy containing fusel oil.

The question of etherization by the rectum is agitating the surgical mind of this city at the present time. R. C. S.

PROCEEDINGS OF SOCIETIES.

NEW YORK NEUROLOGICAL SOCIETY.

A STATED meeting of the Society was held March 4, 1884, W. J. MORTON, President, in the chair.

Dr. C. L. DANA read a paper upon "Morbid Somnolence," relating a number of histories illustrating different forms of this affection.* These forms are classified as follows:

1. Epileptoid sleeping-states.
2. Hysteroid sleeping-states, including (a) spontaneous or "mesmeric" sleep; (b) trance and lethargic states.
3. Morbid somnolence, the expression of a distinct neurosis (narcolepsy).
4. Unclassified forms.

The speaker's first case (illustrating Class 3) was that of a young man of wealthy family and good personal history, who would go to bed at the ordinary hour and could not be roused till noon or afternoon or evening of the next day. This would continue for a week or two, when the symptoms would remit.

A second case (illustrating Class 2) was that of a young lady who had short attacks of catalepsy, cataleptic *petit-mal*, alternating with sudden attacks of sleep. These came on several times daily. Three other cases (illustrating Class 3) were of neurasthenic persons who for several months had persistent drowsiness, not attributable to any nutritive or organic disorder.

Dr. Dana also reported a case furnished by Dr. L. Putzel, illustrating the epileptoid sleeping-states.

DISCUSSION.

Dr. WILLIAM M. LESZYNSKY said that he knew of two cases which might be termed a mild form of morbid somnolence, where the patient would fall asleep at almost any hour of the day while reading or conversing, the sleep lasting at times for an hour or more.

The cause of this somnolence seemed to be undoubtedly due to faulty assimilation of food, and was cured by nitro-muriatic acid, etc.

* This paper appears in full in the *Journal of Nervous and Mental Disease*.

Dr. WEBER had seen but a few cases. In diabetes morbid somnolence is believed to be a prominent symptom; but he had seen twenty or thirty of such cases, well pronounced, but had not seen one case where morbid somnolence prevailed; on the contrary, the patients did not sleep as much as normal.

He remembered two cases of locomotor ataxia in which there was a great tendency to prolonged sleep; in one of these cases the man would sleep often fifteen hours at a time. He had also observed sopor in chronic endarteritis in a number of cases, especially in cases where the condition of the cerebral arteries tended to apoplexy. There was one man who would fall asleep during dinner, be taken up to bed, and there sleep till the next day.

Drs. ROBERTS and C. E. NELSON made remarks, giving cases as to making up sleep-time after prolonged vigil. Dr. Roberts remarked that sopor was met with in his case of myxedema, read previously before this Society, and published in this journal: in such cases sopor is recognized as a symptom of disease.

Dr. SHAW (of Brooklyn) related a case of a man who would fall asleep in the clinic.

Dr. R. B. PRESCOTT had had one case bearing on this subject which is not altogether without interest. It was that of a farmer, unmarried, 40 years of age or more, living in a small village in Massachusetts, who, some ten years ago, began, without any apparent cause, to be troubled with excessive drowsiness. It manifested itself first in a disposition to sleep unseasonably long in the morning. He would remain in bed until long after the breakfast-hour, and complain at intervals during the day of still feeling sleepy. Gradually he came to neglect the work of his farm, and remained about the house, dozing away a considerable portion of the time. His social nature, too, underwent a decided change. He became reserved and silent. He shunned all intercourse with friends and acquaintances, was with difficulty made even to answer ordinary questions, and was easily moved to tears. On one occasion he fell asleep on his wagon while taking a load of produce to the nearest market-town, and slept soundly for many hours, his horse having of his own will taken an unfrequented road and finally stopped at the place where he was discovered, the driver still fast asleep.

His condition at present is that of a gradually deepening mental lethargy. He passes a large portion of his time in bed, and takes little interest in what goes on around him, though at times he partially arouses, and will read the newspapers or carry on a brief conversation, mainly in monosyllabic replies to questions. His bodily functions are all normal, and there is no evidence of any physical disease. His general health was good up to

the time of the appearance of this morbid somnolence, and he is not the subject of any hereditary taint, so far as known. He is now regarded by those who know him as mildly insane, and his recovery is not expected.

THE PRESIDENT said: I have seen and treated but one of these very peculiar cases, which I should be willing, following Dr. Dana's lines of diagnosis, to classify as true morbid somnolence. Of course, those who sleep after prolonged forced wakefulness do not fall within the author's categories.

As an instance of simple sleep of this nature, I well remember sleeping twenty-four hours without a moment of recollected consciousness, after two days and two nights in the saddle, during a time of great danger. This may be said to be simply normal somnolence. The case of morbid somnolence I refer to was that of a physician in this city who had suffered from this condition for fifteen years. He was habitually overcome by an uncontrollable desire to sleep during the daytime, no matter how *malapropos* the time or place; this desire he would fight against with all his power of control, but would finally yield to sopor. Even in the dentist's chair, while a sensitive tooth was being "scraped," he had fallen asleep. Often in the rounds of daily practice he would feel this lethargy creeping over him at critical moments, as, for instance, when his services were most needed at a confinement, and would be forced to yield to it and sleep. It was impossible, for the same reason, for him to read or study: in fact, life was becoming to him a soporific blank.

Other symptoms were forgetfulness, frontal and occipital headache, a general malaise, great sense of weariness, palpitation of the heart on active exercise, and prostatic irritation. He had been examined time and time again by friends of eminence in the medical profession for organic disease, and none existed. The urine especially had been the subject of careful tests. I repeated these examinations, with no better results. Malaria was out of the question. I treated this patient on the basis of a profound anæmia, gave him large and increasing doses of iron (Bland's pills) until he was taking thirty grains three times daily, and gave him, additionally, glonoin. Under this treatment he improved wonderfully, and at his last visit, several months ago, he reported that he seldom fell asleep during the day.

Dr. DANA, in closing the discussion, gave a similar case to that of the English farmer: this case would have periods of remission for several years. These cases are supposed to end in insanity. There is persistent drowsiness in diabetes and in syphilis, also previous to attacks of epilepsy. There is recognized a "sleeping sickness" in Africa. The French authority Ballet mentions these conditions.

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✉ CORRESPONDENCE FROM PHYSICIANS PROMPTLY ANSWERED. ✉

TREATMENT OF WRY NECK BY SULPHATE OF ATROPIA.

Dr. W. M. LESZYNSKY related the history of the case of a young woman whose occupation being that of bookfolder, she was obliged to turn her head very frequently towards the left side. The right sterno-cleido-mastoid and trapezius muscles became affected with a very severe form of clonic spasm, which almost exhausted the strength of the patient. The treatment adopted was the daily injection of sulphate of atropia into the contracting muscles, beginning with one-eighth of a grain, and gradually increasing to one-sixth of a grain, which maximum dose was continued four days, when recovery supervened.

In addition to the atropia, galvanism was used, and the faradic current was applied to the opposite side.

DISCUSSION.

Dr. J. C. SHAW.—I have been called three times in consultation in these cases where atropine was used: there was a great deal of pain, and marked neuropathic tendency; insanity in the family in one case. There is one difficulty in the treatment by atropine, that it sometimes causes disagreeable symptoms, especially in delicate women. In one case, where the drug was pushed it caused such distress that the patient, a woman, refused to take it longer. Atropine in large doses cannot be used in all cases.

Dr. C. L. DANA said that Dr. Leszynsky was entitled to great credit in employing atropia against such physiological odds. He believed that the cure was due to the employment of atropia. One point must be borne in mind, and that is that we must select our cases. In those cases where the disease is plainly neurosis, atropine may answer. In many cases, however, the disease appears to be of a peripheral and rheumatic character. Here anti-rheumatic remedies answer better.

Dr. GIBNEY.—In view of the fact that Dr. Leszynsky administered electricity and other agents, as his report shows, some doubt might be expressed as to the curative effects of the atropine injections. The relationship of cause and effect does not seem sharply enough defined. I have had no personal experience with this drug in torticollis. A few years ago, in a case of rotary spasm of the head, I had very prompt and excellent results in the use of the fluid extract of gelsemium carried to tonic doses. Dr. Leszynsky certainly deserves credit for the heroic dosage of atropine in this case.

Dr. BIRDSALL related the history of a case of torticollis treated at the Manhattan Hospital by his assistant, Dr. Terriberry, in a child about 8 years of age, by the application of as strong a galvanic current as could be endured, for from twenty to thirty minutes, on the affected muscles three times a week for several

weeks, with gradual improvement, which finally terminated in complete recovery. Tincture of belladonna was administered in drop doses, until slight physiological effects were produced. Dr. Birdsall was inclined to credit the curative effect in this case mainly to the galvanism, though he thought that a combination of the method with atropia and that of galvanism would in general be far more serviceable than either alone.

Dr. WEBER.—Was a traumatic effect produced by the hypodermic injections?

Dr. LESZYNSKY.—The injections were made into the substance of the muscle, and no traumatic effect was produced. The preparation of atropia used was Merck's, and the solution was freshly prepared every two or three days.

Dr. DAVID WEBSTER said: I have listened to Dr. Leszynsky's paper with much interest. Although I have seen but few cases of wry neck, I have had a good deal of experience with atropine, and I beg leave to question whether the same results might not have been accomplished by smaller doses applied locally. For the purpose of relaxing the sphincter pupillæ and the ciliary muscle we never give atropia by the mouth or hypodermically, but always apply it locally to the surface of the eyeball. Less than one-twenty-thousandth of a grain applied to the conjunctiva will paralyze the muscles I have named, while it would require a many times larger dose to produce the same effect if given hypodermically.

It is remarkable that Dr. Leszynsky's patient tolerated so large a dose as one-sixth of a grain. There is a wide difference in the quantity required to produce the physiological effects of the drug in different persons. I have frequently seen a drop of a four-grain solution, applied to the eye, produce the peculiar scarlet flushing of the face, especially in infants. I also know of a case in which a single drop in the eye caused marked delirium in a young lady, so that she had to be taken home in a carriage. I have had some personal experience with the physiological effects of atropia. I once swallowed what I supposed to be ten drops of Magendie's solution of morphia to check a diarrhoea while I went to Brooklyn to assist in an enucleation. On the way I noticed that I felt very strangely, going off into curious dreams, entering into imaginary conversations, etc. When I got to the place of operation I found on attempting to talk that I could scarcely speak above a whisper, my mouth and throat were so dry. Dr. Agnew noticed that my face was flushed and my pupils dilated. I went home and went to bed, and slept soundly until the next morning. As soon as I awoke it dawned upon me that I must have taken atropine instead of morphine. As soon as I saw Dr. Agnew he told me he had arrived at the same conclusion. I found the atropine and

morphine bottles side by side on my table. The mystery was explained.

I once saw a case in the practice of a brother practitioner where one-sixtieth of a grain of sulphate of atropia given with half a grain of morphia subcutaneously produced delirium lasting for half a day or more. This was in an hysterical lady who was used to hypodermics of morphia without atropia.

Dr. Leszynsky's method of giving the drug was a perfectly safe one, however, as he cautiously felt his way from smaller to larger doses.

Dr. G. W. JACOBY said: It was not my intention to make any remarks upon this subject, as the objection which I intended to raise to the indiscriminate employment of galvanism and atropine in the treatment of Dr. Leszynsky's case has already been made by some of the preceding speakers; but Dr. Gibney's remarks in reference to the facility of producing the physiological effects of atropine, in some cases, by very minute doses, recall to my mind very vividly a case in which this was also very noticeable. The patient, a girl aged 12 years, came to me affected with a left-sided tonic torticollis, probably of rheumatic origin. My results with electricity upon other cases having been unsatisfactory, I determined to treat this case by the hypodermic injection of sulphate of atropia. I therefore injected one-fiftieth of a grain of the drug.

This one injection produced all the symptoms of atropine-poisoning, ending in a violent delirium, which lasted for ten hours.

When the patient had recovered from the effects of the atropine, I naturally felt reluctant to continue its use, and began treatment of the torticollis by galvanism. After two weeks, the child was discharged from treatment entirely recovered.

The points that I wish to mark are, first, the small amount of atropine necessary in this case to produce delirium; and, secondly, the fact of a cure by self-limitation, or possibly through the action of the galvanic current. Had no ill effects resulted from the use of the atropia, I would probably have continued its use, and, my patient recovering, it would have been only natural to attribute this recovery to the use of the atropine.

Therefore, we cannot be too cautious in drawing conclusions from a single case, no matter how well observed, and we should be very careful not to use two potent remedies such as galvanism and atropine simultaneously, as our scepticism in regard to the efficiency of either one will not be considered scientific proof of the beneficial action of the other.

Dr. LESZYNSKY, in closing the discussion, said: As Dr. Dana saw the patient referred to in my paper, I am pleased to hear that he agrees with me in stating that recovery was due to the employment of the atropia.

In reporting the history of this case, I expected that the question would arise as to which of the remedies employed had effected the cure: therefore I was not surprised to hear the criticism of Drs. Gibney and Jacoby, and in reply I will state that the number of cells used in applying the galvanic current was from ten to twenty of a Stohrer portable battery. The patient could not tolerate a stronger application, and this was continued for nearly fifteen minutes daily. After the removal of the electrodes, I found that the spasm invariably became more vigorous than ever, and I always allowed about ten minutes to elapse before injecting the atropia.

I would again direct the attention of the Society to the fact that, notwithstanding the daily application of galvanism in conjunction with the use of atropia, *no improvement was shown until the twentieth day, soon after a rapid increase of the atropia from one-twentieth to nearly one-eighth of a grain.* Then the improvement became so evident that it can hardly be doubted that the atropia was the important element which effected the successful result. In regard to the use of the bromide of sodium, I can safely say that bromism was not produced. The faucial reflex was frequently tested, and remained well marked throughout the entire course of treatment.

Dr. Webster's suggestion may be a very good one, if we accept it from an ophthalmological stand-point, but in this class of cases I cannot see what advantage could be gained by the inunction of the oleate of atropia.

The object in using this sulphate of atropia was to produce paralysis of the trunk and branches of the spinal accessory nerve: therefore it was injected into the substance of the muscle, for the purpose of producing its local effects on the motor nerve, although eminent authorities like Ringer and Fraser have concluded, after an elaborate series of experiments upon living animals, that atropia paralyzes the motor nerves through its action upon the spinal cord, and not by its action through the circulation. I believe that the oleate, if applied locally, would produce more rapid constitutional symptoms, on account of its speedy absorption; and another objection is that the dose cannot be so accurately determined.

In conclusion, I will state that the patient remains well, and that no sign nor symptom of spasm has since been shown.

Nomination of officers for ensuing year:
President, Drs. Birdsall, Gray, Morton,
W. A. Hammond.

First Vice-President, C. L. Dana.

Second Vice-President, G. W. Jacoby.

Recording Secretary, E. C. Wendt.

Corresponding Secretary, W. M. Leszynsky.

Treasurer, E. C. Harwood.

Councillors (five), Weber, Seguin, Jacobi,
Morton, W. A. Hammond, McBride.

The Society then adjourned.

GLEANINGS FROM EXCHANGES.

OPERATIVE TREATMENT OF FLAT-FOOT.—Prof. Alex. Ogston explains the condition of flat-foot by the statement that it is due to a disproportion between the strength of the foot and the work it is called upon to perform. The arch of the foot particularly suffers; the bones, tendons, and ligaments, which should maintain the shape of the instep, are so modified that the arch unfolds, its two extremities recede from one another, and, in extreme cases, its curve finally becomes a straight line, touching the ground along its whole length. Examination shows that the inner half of the medio-tarsal, or Chopart's articulation, is specially at fault. Here the relaxation is so great that by acting on this joint alone we can, on the one hand, rectify the faulty position of the foot, and, on the other hand, move it into the worst possible degree of the deformity. It is only when recent, however, that we can, by manipulation, cause the deformity to disappear. Becoming convinced that the principal cause existed in Chopart's joint, Prof. Ogston set to work to produce rigidity, or even bony ankylosis, of the articulation. The plaster bandage was used on several patients, a fixed dressing being kept on for three months, but without permanent benefit. Finally, he performed the following operation, in 1878, upon two patients: An incision was made along the inner border of the foot down to the joint, and a small wedge of bone (three-quarters of an inch deep and of like breadth) was chiselled out of each of the bones. Both cases were dismissed, apparently cured, in two months. In one the cure was permanent; the other was less satisfactory, and the patient was still complaining, nearly two years after the operation.

The operation now recommended (*Bristol Med.-Chir. Journal*, March, 1884) is, after carefully cleansing the overlying skin with carbolic acid, to proceed as before, except that the articular facets of cartilage are shaved off from the adjacent surfaces of the scaphoid and astragalus, in such a way as to permit a restoration of the arch of the foot. The bones are then drilled and pinned together with ivory pegs. An Esmarch bandage is used during the operation, and Lister dressing applied subsequently, and a few turns of plaster bandage are put on outside to steady the foot. The patient must be kept in bed for two or three months. In seventeen cases thus treated, great benefit resulted, and in most of them bony ankylosis and a painless arch were obtained.

URETHRITIS IN MUMPS.—In a case of mumps Schmidt (*Arch. de Méd. Milit.*, 1883, tome i. p. 112) observed on the third day a discharge from the urethra, which lasted

the same time as the swelling of the parotid gland. There was no orchitis, and the patient had not exposed himself to contagion. The discharge was ascribed to a specific inflammation of Cooper's, Mery's, and Littre's glands.—*London Medical Record*.

VOMITING OF PREGNANCY.—Dr. Mial adds sulpho-carbolate of sodium (in doses of gr. v.–viii) to the long list of infallible remedies for the relief of this distressing malady.

NOTES AND QUERIES.

OBITUARY.

SAMUEL D. GROSS, M.D., LL.D., D.C.L.

Professor S. D. Gross died in Philadelphia, on Tuesday, May 6, 1884, at twenty minutes before one o'clock, P.M.

Dr. S. D. Gross was born near Easton, Northampton County, Pa., in July, 1805. His literary and classical education was acquired first at the academy at Wilkesbarre, and subsequently at the high school in Lawrenceville, N.J. He commenced his medical studies under the tuition of Dr. Joseph K. Swift, of Easton, and subsequently became an office pupil of the late Professor George McClellan, for whom he professed great admiration, and to whom he frequently referred in his lectures as a skilful surgeon. In 1826 he came to this city, and, after attending the two years' course at Jefferson Medical College, was graduated from that institution in 1828. He began the practice of his profession in Philadelphia, and occupied his leisure in close study and the translation of several works from the French and German languages. The first fruit of his original investigations was published only two years after his graduation; it was his treatise upon "Anatomy, Physiology, and Diseases of the Bones and Joints," most of the matter of which was subsequently incorporated in his great "System of Surgery." He returned to his native city, Easton, but, after a brief stay, went to Cincinnati to fill the position of Demonstrator of Anatomy in the Medical College of Ohio. After an incumbency of two years in this position, the chair of Pathological Anatomy in the Cincinnati Medical College becoming vacant, Dr. Gross was offered and accepted the position, delivering the first regular course of lectures on "Morbid Anatomy" ever delivered in this country. As the result of painstaking original investigations, he was enabled, in the course of another year, to publish his "Elements of Pathological Anatomy," the first treatise on the subject in the English language.

After four years in Cincinnati, he changed his location to Louisville, Ky., which was to be the scene of his labors for the next sixteen years, occupying the chair of surgery in the university of that city. Being called to fill a similar position, as the successor of the famous Dr. Mott, of New York, in the medical department of the University of the City of New York, he accepted and occupied it for one year, but, finding his surroundings somewhat uncongenial, at the solicitations of his former colleagues of the University of Louisville, he returned to that city.

In 1856 he returned to his native State, being elected to the professorship of surgery in the Jefferson Medical College, a position which he filled for over a quarter of a century. Though still in robust health, in 1882 the weight of his increasing years began to tell upon him, and he felt obliged to resign the very laborious confinement of his duties as an active teacher, and he was appointed emeritus professor, the chair that he had so long occupied being divided between his son, Dr. S. W. Gross, who had been for many years his assistant, and Dr. J. H. Brinton.

Professor Gross was a facile and prolific writer, and his published works show him an earnest, indefatigable, painstaking student. Some of his translations and early works have been referred to, which first brought him into notice; they were followed by others which stamped their author as a man of no common mind. His "Experimental and Critical Inquiry into the Nature and Treatment of Wounds of the Intestines" was published in 1843, the "Treatise on the Urinary Organs" in 1851, and the "Treatise on Foreign Bodies in the Air-Passages" in 1854. In 1856 he, with the assistance of some friends, founded the *North-American Medical-Chirurgical Review*, which stopped publication in 1861. In 1857 the "System of Surgery" appeared, which has gone

through six editions. In 1876 "A Century of American Medicine" appeared, to which Dr. Gross contributed the chapter on the "History of American Surgery." Many biographical memoirs, numerous addresses, and a multitude of shorter articles were furnished by Dr. Gross to the medical press, among which may be especially mentioned sketches of the lives of Ambroise Paré, Ephraim McDowell, and of John Hunter and his pupils. He died, as he often had hoped to do, in the harness, and almost pen in hand, having, just before his death, written a paper on "Wounds of the Intestines," which was read by his pupil, Prof. Richardson, of New Orleans, before the American Surgical Association, April 30, and another, which was sent to the American Medical Association, on "Lacerations of the Female Sexual Organs," which was read May 8, by Dr. Bussey, of Washington.

The greatness of Prof. Gross could not be confined by geographical limits, and foreign countries added laurels to his wreath. No American had ever been so highly honored: Oxford gave him the degree of D.C.L. in 1872, Cambridge that of LL.D. in 1880, the University of Edinburgh the same degree in 1884. Jefferson College and the University of Pennsylvania were united in conferring the same distinction of Doctor of Laws, one in 1861, the other in 1884. He was a member of many foreign medical societies, English, Scotch, Austrian, and Norwegian, all of which have been proud to honor him among their members.

Among the societies to which he belonged were the Imperial Medical Society of Vienna, the British Medical Association, the Royal Medico-Chirurgical Society of London, the Clinical Society of London, and the Pathological Society of London.

In 1868 the medical profession of this country conferred upon Dr. Gross the highest honor at their disposal, that of President of the American Medical Association. In 1870 he was President of the Pennsylvania State Medical Society, and at the great International Medical Congress, which met in this city in the Centennial year, he was unanimously chosen to fill the President's chair. He founded the Pathological Society of Philadelphia, the Philadelphia Academy of Surgery, the American Surgical Association, and the Alumni Association of the Jefferson College, and assisted in founding, last January, the Medical Jurisprudence Society of Philadelphia, of which he was President at the time of his death.

Prof. Gross was chiefly remarkable during his long life for his unbounded industry. He was a good and bold operator, originating many devices in operative surgery. He was the first to suggest and perform the wiring of the fractured clavicle and acromion process, the suturing of divided nerves and tendons, amputations high up in senile gangrene, an operation for neuralgia in old persons, deep stitches in wounds of the abdomen, and a direct operation in hernia by suturing the pillars of the ring. He was, also, the first to describe prostatic hemorrhage. He invented numerous instruments, and perfected those of simple construction. He was one of the first to employ chloroform in surgery, and, although he employed it in thousands of cases, no fatal results were recorded from its use.

BORAX-ERUPTIONS.

DR. EDWARD WIGGLESWORTH, of Boston, requests that any physician who may have observed squamous or other pathological conditions of the skin following the internal administration of borax (whether for epilepsy or not) will send him very brief notes of the cases for publication.

Treatises upon diseases of the skin do not appear to recognize such conditions, yet they have been observed in England by Gowers and other writers upon mental and nervous diseases, as also in Boston in this country. His address is

79 BOYLSTON STREET, BOSTON, MASS.

OFFICIAL LIST

OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U.S. ARMY FROM APRIL 27, 1884, TO MAY 10, 1884.

- HEGER, ANTHONY, MAJOR AND SURGEON.—From Department of Texas to Department of the East.
 HAPPEBSITT, J. C. G., MAJOR AND SURGEON.—From Department of Texas to Department of the East.
 BENTLEY, EDWIN, MAJOR AND SURGEON.—From Department of the East to Department of Texas.
 MIDDLETON, PASSMORE, CAPTAIN AND ASSISTANT-SURGEON.—From Department of Texas to Department of Missouri.

KORPER, E. A., CAPTAIN AND ASSISTANT-SURGEON.—From Department of the East to Department of Dakota.

DICKSON, J. M., CAPTAIN AND ASSISTANT-SURGEON.—From Department of the East to Department of California.

GIRARD, A. C., CAPTAIN AND ASSISTANT-SURGEON.—From Department of Dakota to Department of Missouri.

GIRARD, J. B., CAPTAIN AND ASSISTANT-SURGEON.—From Department of Arizona to Department of the East.

HALL, J. D., CAPTAIN AND ASSISTANT-SURGEON.—From Department of Dakota to Department of the Columbia.

HALL, WILLIAM A., CAPTAIN AND ASSISTANT-SURGEON.—From Department of Missouri to Department of Texas.

CUNNINGHAM, T. A., CAPTAIN AND ASSISTANT-SURGEON.—From Department of the East to Department of Missouri.

MC CREERY, GEORGE, FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—From Department of Arizona to Department of Dakota.

COCHRAN, J. J., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—From Department of Missouri to Department of Arizona.
 Paragraph 2, S. O. 101, A. G. O., May 1, 1884.

WEBSTER, WARREN, MAJOR AND SURGEON.—Granted leave of absence for six months, from April 29, 1884, on account of sickness. Paragraph 5, S. O. 103, A. G. O., May 3, 1884.

STERNBERG, GEORGE M., MAJOR AND SURGEON.—Now at Governor's Island, New York Harbor, ordered to repair to this city (Washington, D.C.), to represent the Medical Department of the Army at the annual meeting of the American Medical Association to meet on May 5, 1884, and, on adjournment of the Association, to return to Governor's Island. Paragraph 2, S. O. 103, A. G. O., May 3, 1884.

SHUFELDT, ROBERT W., CAPTAIN AND ASSISTANT-SURGEON.—Relieved from temporary duty in Surgeon-General's office and ordered to report to Lieutenant-Colonel Basil Norris, Surgeon U. S. Army, Attending Surgeon, Washington, D.C., for temporary duty in his office. Paragraph 6, S. O. 100, A. G. O., April 30, 1884.

BARROWS, C. C., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty at Fort Grant, Arizona Territory, and ordered to report for duty at Whipple Barracks, Arizona Territory, relieving First-Lieutenant W. E. Hopkins, Assistant-Surgeon, who, upon being relieved, will report for duty as post-surgeon at Fort Grant, Arizona Territory. Paragraph 1, S. O. 31, Headquarters Department of Arizona, April 21, 1884.

PHILLIPS, JOHN L., FIRST-LIEUTENANT AND ASSISTANT-SURGEON (Fort Warren, Mass.).—Ordered to report for temporary duty to the commanding officer at Fort Preble, Maine. Paragraph 1, S. O. 81, Headquarters Department of the East, April 28, 1884.

CUYLER, JOHN M., COLONEL AND SURGEON (Retired).—Died at Morristown, N. J., April 26, 1884.

LIST OF CHANGES OF STATIONS OF NAVAL MEDICAL OFFICERS FROM APRIL 27 TO MAY 10, 1884.

P. A. Surgeon H. P. HARVEY, detached from Naval Hospital, Chelsea, and ordered to "St. Mary's."

P. A. Surgeon R. H. MCCARTHY, ordered to Naval Hospital, Chelsea.

P. A. Surgeon I. R. WAGGNER, detached from "St. Mary's," and ordered to "Hartford."

Surgeon J. C. WISE, detached from "New Hampshire," and ordered as member of Board of Examiners at Annapolis.

Assistant-Surgeon T. C. CRAIG, promoted to Passed Assistant-Surgeon.

P. A. Surgeon C. W. GRAVATT, detached from Naval Hospital, Chelsea, and ordered to U.S.S. "Michigan."

P. A. Surgeon G. E. H. HARMON, detached from "Michigan," and granted leave of absence.

Assistant-Surgeon J. M. EDGAR, ordered for examination preliminary to promotion.